Board of Health, City of Baltimore,

Permit No. 57401 *Office of Registrar of Vital Statistics.* Ward 39

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F. Disch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Dan Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 Spring Road

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cem

Date of Burial, January 26th 1882

Undertaker, Denny & Smith

Place of Business, 65 S Broadway

J. H. Thomas M. D., Medical Attendant.

Address, 662 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52402 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Ella Boyce

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 5 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Battery Avenue

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, January 26

Undertaker, B. Hall

Place of Business, 82 West St.

H C B Noble M.D.,
Medical Attendant.

Address, 50 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 574403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 384 Hanford ave.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Diphtheria

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 27th

H. G. Watson M. D.
Medical Attendant.

Undertaker, C. Miller

Place of Business, Harford Ave. *Address* 437 N. Eutaw ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57404 *Office of Registrar of Vital Statistics.* Ward 13 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Connellee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty-five *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Orange Co. N. Y.

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} No. 120 W. Greene st.

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart disease

Duration of Last Sickness, Five months,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 26th 1882

Undertaker, C. F. Krause

Place of Business,

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54485 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 99 N. Howard

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 26 1892

Undertaker, J. F. Byrne

Place of Business, 59 N. Liberty St

Geo Lynch M. D., Medical Attendant.

Address, Calvert & Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Jan. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Werrachnitzer.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 362 N. Gay Str.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Catarrhus suffocativus.

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 26th of January

Robert Anthony M. D.
Medical Attendant.

Undertaker, Fred Gaede.

Place of Business, 29 d Caroline *Address,* 721 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32407

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 Jan. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottfried Feichtenbiner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Feichtantsiner

Age, 30 *Years,* 1 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number. } 27 Hollstr.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Wms & Christs

Date of Burial, Jan 27 1882

Undertaker, Wilms Whitsmit

Place of Business, Fremont St

C H Coffman, M.D.,
Medical Attendant.

Address, 57 Aisquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37408

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 26 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 40 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany Supposed

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} Lock St Back Basin

Cause of Death, First, (Primary.) Accidentally Drowned

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 25

Undertaker, Patrick J Mullin

Place of Business,

Chas M Offutt M.D.,
Corner E & ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted* [illegible] *ained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during [illegible] last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to [illegible]rtaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full na[illegible]re and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of [illegible] deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57409 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauer

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 112 Hughes St

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 26 1882

Undertaker, C. F. Kramer

Place of Business, 209 Hanover

I. C. Buch M. D.,
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and birthplace (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52410

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Fires

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore, 67 years.

Place of Death, {Give street and number.} 67 S. Washington St

Cause of Death, First, (Primary.)

Second, (Immediate.) Asthma (+old age)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, January 26th 1882

Nicholas [illegible] M.D.,
Medical Attendant.

Undertaker, [illegible]

Place of Business, No 341 Eastern ave

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52411 *Office of Registrar of Vital Statistics.* Ward 15 — 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Kasten

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Winter St

Cause of death, First, (Primary,) Diphtheria of Fauces & Nares

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 27th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,*

L Lundans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Washington

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md & Knox

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Congestion of Lungs & Brain

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, B. C. Cemetery

Date of Burial, January 25

Undertaker, Patrick Mullin

Place of Business,

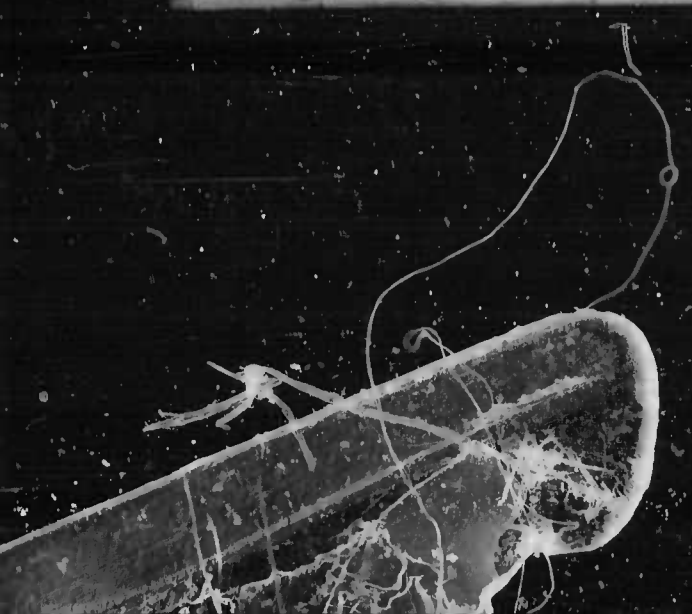
Lucas Belanni M.D.
Medical Attendant.

Address, 512 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 52413 *Office of Registrar of Vital Statistics.* Ward 7 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Buck Diego Dukehart

Sex, Male or ~~Female~~ {Cross out the word not required in this line.} Male

Age, Six *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 344 N. Durham St.

Cause of death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 27th 1882

Undertaker, Wm. H. Clendenin M. D.,

Place of Business, 21 N. Broadway Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52414 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Cook

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia 8 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 171 Raborg St

Cause of Death. First, (Primary,) Post Partum Hemorrhage

Second, (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial W. Pub Cemetery

Date of Burial, Jan 26th 1882

Undertaker, H. A. Kerchner

Place of Business, S. Carrollton Av *Address,*

Jones M. D.,

Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Very Large

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henschel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 7 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} #76 Penna Avenue

Cause of Death, First, (Primary,) Inflammation of the brain.

Second, (Immediate,) abscess of the brain.

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan 26th

Undertaker, Clemens Henschel

Place of Business, 48 Pennsylvania Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54416 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Schurz Vollatr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* Five (5) *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 289 Mahan St

Cause of death, First, (Primary,) Bilateral Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 26 1882

Undertaker, John Yeager

Place of Business, 252 Orleans St

J. Westhaus M. D.,
Medical Attendant.

Address, 289 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5447

Board of Health, City of Baltimore,

Permit No. 5447

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... Nov. 22, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... William Wallace

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ..... Maryland

Duration of Residence in the City of Baltimore, ... 10 Months

Place of Death, {Give street and number} ..... 13 Carlton St.

Cause of Death, {First, (Primary,) ..... Phthisis Pulmonalis

{Second, (Immediate,) .....

Duration of last Sickness, ... 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Street Cemetery

Date of Burial Nov 27 1882

Undertaker, William Wenger

Place of Business, No 62 East Street

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 187 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 32/418

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Cornick

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37. *Years,* *Months,* *Days.*

Color, Black.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 yr.

Place of Death, {Give street and number.} No 3. Penn Al.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Sharpsburg

Date of Burial, Jan 26th 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* Balto Gen. Disp.

Herbert Harlan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52419 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel James Hutchins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert-co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 272 Druidgamery st

Cause of death, First, (Primary,) Malaria

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,420 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eby Hawkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va 72 yrs

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 37 Marion St

Cause of death, First, (Primary,) Hip fracture of

Second, (Immediate,) Diarrhea

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Ground

Date of Burial, Jan. 27th 1882

Undertaker, O. Kemp

Place of Business, 34 W Fayette

W. F. Cronin M. D.,
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5414/21 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Gleason

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 85 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, Nil -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn -

Duration of Residence in the City of Baltimore, 10 mos -

Place of Death, {Give street and Number.} 183 N Front

Cause of Death, First, (Primary,) Paralysis + Pneumonia

Second, (Immediate,) asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, York Penn

Date of Burial, Jan 26, 1882

Undertaker, E A Carman

Place of Business, 38 Ensor St

D. Sheets M. D.,
Medical Attendant.

Address, 143 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2508 Hanover

Board of Health, City of Baltimore,

Permit No. 14422 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 25-1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rufus Matthews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 9 *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #9 Vincent Alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Bronchitis

Duration of Last Sickness, All his life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Jan 27-1882

Undertaker, J. C. Palmers.

Place of Business, Penn ave & Mosher st

J. Thomas Shaw M. D.,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 57423 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cooper Kirwan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 152 Hanover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup & Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, January 28th

Undertaker, W. J. Hall

Place of Business, 31 Hanover St *Address,* 146 Hanover St

Theodore Cook M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5741/24 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Mc Manus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Sometime near forty years

Place of Death, {Give street and number.} No 24 E. Eager St.

Cause of death, First, (Primary,) Necrosis of Carpal & Metacarpal bones left Hand & Phalanx

Second, (Immediate,)

Duration of Last Sickness, Ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 29th 1882

Undertaker, A. Rosenberger

Place of Business 70 Mulberry St

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 2 4 2 5 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean N Brane

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 9 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Falmouth Va

Duration of Residence in the City of Baltimore, ~~has lived Dolphin~~ 40 yrs

Place of Death, {Give street and Number.} No 159 Dolphin St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 28th 1882

Undertaker, Kelly Jenkins & Son

Place of Business, 75 N Charles St

Edmund R Walker M.D.,

~~Residence~~ Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52426 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brian Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 81 S. Heigh St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan. 27th 1882

Undertaker, Geo. Schieling

Place of Business, Monument & Asylum 50

..... *M. D.,*
Medical Attendant.

Address, 137 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible] the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Waugh Crowl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md all his life

Duration of Residence in the City of Baltimore, 146 n Arlington Av

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Disease of Heart & Liver
Second (Immediate,) Five weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cts

Date of Burial, Jany 28th 1882

F. S. Miles M. D.
Medical Attendant.

Undertaker, John L Hoachen *Address* 24 Cathedral St

Place of Business, No 150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 32428 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Doll

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 17 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 198 Conway St.

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Jan 29th 1882

Undertaker, Wm E Thacher

Place of Business, No 150 Cam'd't

John Neff M. D.,
Medical Attendant.

Address, 204 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57429

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jacobs.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Watchman.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Embden ost, Friesland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} Walter Rainey's Dry dock Locust Point

Cause of Death, First, (Primary.) Accidentally drowned.

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dolle Corn.

Date of Burial, Jan. 27th 82

Undertaker, G. Francis

Place of Business, Pan 158 Wol

Ent. Bell M.D.,

~~Medical Attendant~~ Coroner 2d Dist.

Address, 161 S. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57/430 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Ladson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 61 Bethel Court

Cause of death, First, (Primary,) Pulmonalis

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Seven (7) Months

All the above information should be furnished by the Physician.

Place of Burial, Locust Point Cemetery

Date of Burial, January 27

Undertaker, Chas A Mills

Place of Business, 35 S. Sharp St

J. Frazier M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52431 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rush

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 27. 1882

Undertaker, Geo Shuham

Place of Business, 157 Division st

Marbury Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52432 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, Jany 25th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elmira Ford.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* 16 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life. Married

Place of Death, {Give street and number.} N E cor of Caroline & Eutaw

Cause of death, First, (Primary,) Organic Disease of Heart,

Second, (Immediate,) Bright's Kidney,

Duration of Last Sickness, Eight Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan. 27th 1882

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

John L. L. Kriger M. D.,
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 Mo. 26 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamine Starr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Milestone Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number} 6 pl St Paul's St

Cause of Death { First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Friend Cemetery Harford Road

Date of Burial, 29th January 1882

W. H. Reiley M. D.
Medical Attendant.

Undertaker, H & W. Jenkins Son

Place of Business, 75 N. Charles St *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57,134 *Office of Registrar of Vital Statistics.* Ward 18 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Lombard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 69 *Years,* 6 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 219 Aisquith

Cause of Death, First, (Primary,) Cyrhosis of Liver

Second, (Immediate,) Anasarca

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus County

Date of Burial, 30 June

Undertaker, Andrew Knull

Place of Business, 200 Columbia ave. *Address,* 168 Pacific

Jno D Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52/435 *Office of Registrar of Vital Statistics.* Ward 7 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Adler

Sex, Male or Female, {Cross out the word not required in this line.} f

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} 227 E Eager St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, January 28, 1882

Undertaker, Henry Hoeck

Place of Business, 319 N Central Ave *Address,* 319 N. Central Ave.

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 57436 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 3 Calhoun Court

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number.} 3 Calhoun Court

Cause of death, First, (Primary,)

Second, (Immediate,) Erysipelas

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 27 1882

Undertaker, William Murray

Place of Business, No 62 East Fayette

Geo H. Lyon M. D.,
Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Green

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, White Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 18 Dewberry Alley

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Fernel Cemetery

Date of Burial, Jan 27 1882

Undertaker, William M Dorsey

Place of Business, No 62 East Street

Chas. H. Nott M. D.
Medical Attendant.

Address, 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 12438 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Steven Danridge

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, about 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co. Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 57 Vincent St

Cause of death, First, (Primary,) Rheumatism Inflamatory

Second, (Immediate) Rheumatism of Heart

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Va

Date of Burial, Nov 27 1882

Undertaker, William N Boyce

Place of Business, No 62 East St

J. R. Jordan M. D.
Medical Attendant.

Address, 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2509 Transit

No. 54439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JAN 27 1882

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Stegemann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tanner

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1½ Years

Place of Death, {Give street and number} 178 N. Central ave

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, St Jams Cemetry

Date of Burial, 28th Jan

E. B. Fonke M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W. Gay St *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. WILLIAMS, PRINTERS AND STATIONERS. [OV 41]

Board of Health, City of Baltimore,

Permit No. 5744 40 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 10 Hammond alley

Cause of Death, First, (Primary.) 2 accidentally Smothered by
Second, (Immediate.) 3 being overlaid by mother while
Paralysis Sweden Heart

Duration of Last Sickness, Sweden Heart

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 29th 1882

Undertaker, Charles A White

Place of Business,

R. H. Wright M.D.,
Coroner &c
Medical Attendant.

Address, 62 N Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32441 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 225 Lough St.

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Stein. Cemetery

Date of Burial, Jany 28th 1882

Undertaker, John Labe

Place of Business, 161 E. Balto St.

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5474 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

Date of Death, January 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schuefter

~~*Son,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 367 Canton Ave

Cause of Death, First, (Primary,) Severe burning of face & body

Second, (Immediate,) Collapse

Duration of Last Sickness, 1 da

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 27 1882

Undertaker, John Kenney "

Place of Business, 352 Orleans St *Address,* 244 E. Baltimore

Matthews M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32/4/43 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. H. Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Wood Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lincoln, Me

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 102 So. Wheeling bet 11th

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jan 29. 1882

Undertaker, H. Sanders & Son

Place of Business 200 Canton Ave *Address,* 51 N Broadway

C B Billau, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54444 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Reis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 3 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #283 Canton Avenue

Cause of death, First, (Primary,) Internal Convulsions accompanied

Second, (Immediate,) by Syphilis.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan. 27 1882

Undertaker, H. Sander Jr. & Son

Place of Business, 202 Canton Ave *Address,* #243 Alice Anna St

John H. Rehberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52445

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Garner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years.* — *Months,* 18 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty nine yr

Place of Death, {Give street and number.} 292 Eastern Ave

Cause of Death, First, (Primary.) Heart Disease 10 yrs

Second, (Immediate.) General Dropsy

Duration of Last Sickness, Few weeks

All the above information should be furnished by the Physician.

Place of Burial, 2nd Evangelical Cem.

Date of Burial, Jan. 29 1882

A. Lizpd Shortzer M.D.,
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 202 Canton Ave *Address,* 11 S. 14th pt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32/446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry N. Kyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Baltimore Street Vincent Lot

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, Jany 26/82

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

W R Howard *M. D.*
Medical Attendant.

Address Baltimore County

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32447 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 26 Jan. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Linnbaum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria, Germany 47 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 239 Penn^a Ave.

Cause of Death, First, (Primary.) Phtisis Mucosa

Second, (Immediate.) Paralysis of Lungs,

Duration of Last Sickness, Confined to bed a week

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, Jan 28

Undertaker, Henry Forgman

Place of Business, 45 Ely St

Charles A Geiger M.D.,
Medical Attendant.

Address, 165 Argyle Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 31

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52/c/c48

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Gangrene, — Debility —

Second, (Immediate,) 9 Months —

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenlay St. Cemetery

Date of Burial, Jan 27 1882

C. F. Brune. *M. D.*
Medical Attendant.

Undertaker, George Miller

Place of Business, 47 Precedent St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luisa E. Letty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Sixty two years

Place of Death, {Give street and number} No 261 N. Caroline St.

Cause of Death First, (Primary,) Carcinoma Uterus and Rectum

Second, (Immediate,) Paralysis

Duration of last Sickness, Last Seizure two Weeks ago.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, Jany 28th 1882

Undertaker, John A. McCoy

Place of Business, 77 N. Fayette St

Jos. L Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6274/80 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche A. Brown

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ~~~~ *Years,* ~~~~ *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #115 York St.

Cause of Death, { First, (Primary.) Premature / Second, (Immediate.) Quantum

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Jan 27 "1882

Undertaker, Saml W. Chase

Place of Business, 8. Howard St *Address,* Commissioner & Neath Asst Registrar

M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 62487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Staler

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, African

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 State & T.

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.) Hydrocephalus

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 27 1882

Undertaker, Saml M Chase

Place of Business, S. Howard St

Herbert Harlan M.D.,
Medical Attendant.

Address, Belt Sen Rip.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57452 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Lucas.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomack Co- Va

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 30 Henrietta St.

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) about 8 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 28 82

Undertaker, Gaston & Davis

Place of Business, No 263 Lyon

R. J. N. Tall M. D.,
Medical Attendant.

Address, 15 E. Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfonso B. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 *Years,* *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and number. } 13 Harbeson Av

Cause of Death, First, (Primary.) Tubercular

Second, (Immediate.) Consumption

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 29th 1882

Undertaker, Armstrong

Place of Business, 263 Light St

H. B. Stobb M.D.,
Medical Attendant.

Address, 58 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6741524 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jany 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Not named~~ Annie Nelson & Robinson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 Hours *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 7 Clarkson st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Clarkson st

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 5 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, 27 Jan 1882

Undertaker, Nelson Robinson

Place of Business, No 7 Clarkson st

Wm F Lewis M. D.,
Medical Attendant.

Address, 213 First st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 7 4 4 5 5 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, twenty four *Years,* eleven *Months,* *Days.

Color, ed

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, married

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 32 E Dallas St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1882

Undertaker, Charles A White

Place of Business, 35 Granby St

Walter Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 2 4 6 6

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen wife of Thos Shittle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W d

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Do not Know

Place of Death, {Give street and number.} 8 Saulsbury Ct

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Several weeks - Time unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 28 1882

Undertaker, Charles A. White

Place of Business, 35 Granby St

A Thurkes M.D.,
Medical Attendant.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57457 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Hutton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 11 Neighbor St

Cause of death, First, (Primary,) Abscess of Uterus

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 28 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Louis Reynolds M. D.,
Medical Attendant.

Address, Colvin Mansion

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57458 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Caspar Hauman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* — *Months,* Five (5) *Days.*

Color, Colrit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Data city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 18 N Eden St

Cause of death, First, (Primary,) Sun Dure

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Jan. 29. 1882

Undertaker, C. Eckhardt

Place of Business, 269 Canton Av

S. C. Flower M. D.,
Medical Attendant.

Address, 1 E Centre Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37459 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rich. W. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 31 Myrtle Av

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29 1882

Undertaker, Mathew Ludogan

Place of Business, 227 Mulberry St

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5744/60

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Evelina Randall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty six *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 365 East Pratt St

Cause of Death { First, (Primary,) Carcinoma Mammae left side
, { Second, (Immediate,) & Subsequently Lupus of Circulation left side

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany 31st 1882

Undertaker, Denny & Mitchell

Place of Business, 65 & 67 Broadway

Jos. L Lyndall Austin M. D.
Medical Attendant.

Address, No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54461 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 Canal Al.

Cause of Death, First, (Primary,) Double Bronchitis

Second, (Immediate,)

Duration of Last Sickness, About 5 days. Spasm but once and that was a short time before death.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 28 82

Undertaker, Alf Hemsley

Place of Business, 114 [illegible] St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Sec. [illegible]

Board of Health, City of Baltimore.

Permit No. 52462 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN. 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} East 21 58

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Pneumonia

Duration of Last Sickness, Visited her only the day before her death

All the above information should be furnished by the Physician.

Place of Burial, Public Cemetery

Date of Burial, Jan 28 1882

Undertaker, William Bruce

Place of Business, 1062 East Street

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52463

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Harrington

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* 9 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 18 Wilcox St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Diptheria

One week

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 28th

Undertaker, H. C. Schmidfield

Place of Business, 90 Fremont ~~Street~~ Ave

Wm. Brooke Boyle *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57464 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days.*

Color, colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 81 Jasper St

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Consumption

Duration of Last Sickness, 7 to 8 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 28th 1882

Undertaker, Wm H. Dunger

Place of Business, East St

James A Lewis M. D.,
Assist Health Officer

Address, Commissioners of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by. B. Digg's M.D.

Board of Health, City of Baltimore,

Permit No. 52465 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Potts

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 546 W. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 28th 1882

Undertaker, Jos B. Cook

Place of Business, 707 W. Balto St

Thos A Ellis M. D.,

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam B. Dr 88 S. I.

Board of Health, City of Baltimore,

Permit No. 52466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 Jan

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebbeca Smith

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 25 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Calvert Co

Duration of Residence in the City of Baltimore, 5 or 6 yrs

Place of Death, { Give street and number. } 9 Rice st

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 9 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, 27 1882

Undertaker, [illegible]

Place of Business, [illegible]

Geo. W. Dawson M.D.,
Medical Attendant.

Address, 144 Aaron st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57467

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. T Phillips

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower.~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } N. C.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } 76 Cider Alley.

Cause of Death, First, (Primary.) Causes Unknown

Second, (Immediate.) Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Jan 29th 1882

Undertaker, Samuel Chase

Place of Business, 1 Saratoga St

E. Meiershof *M.D.,*
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57468

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Wheeler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hanover near 110 Eastern Ave

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan. 28. 1882

John A. Lehnert M.D.,
Medical Attendant.

Undertaker, Charles A. White

Place of Business, 35 Granby St

Address, 1 E. Lee Baltimore Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 21444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eliza Klages

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 22 Bevan St

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 29th

Undertaker, H. Brile

Place of Business, Hanover St No 81

Wm Gorter M. D.
Medical Attendant.

Address, 170 E. Short

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 52470 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Goodhue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Thames St

Cause of death, First, (Primary,) Capillary bronchitis - Tuberculous Meningitis

Second, (Immediate,) Coma - Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, January 29th 1882

Undertaker, James. C. Bowers

Place of Business, 60 Thames St

Evans, Rogers M. D.,
Medical Attendant.

Address, Calvert House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57447 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England — 6 months

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} City Hospital

Cause of death, First, (Primary,) Accident

Second, (Immediate,) Shock after amputation at Shoulder Joint

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jany 29th 1882

Undertaker, M A Edgar

Place of Business, 74 S Broadway

Edm'd R Walker M. D.,

~~Medical Attendant.~~

Address, Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28. 1892

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Matthew Shoaker

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Seventy *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, For Last Two Years.

Place of Death, {Give street and number.} 38 Penfield Ave

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Monday 30 1892

Undertaker, W. J. Dill

Place of Business, 183 Columbia

H. E. Siegand M.D.
Medical Attendant.

Address, 32 Penfield Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Sheet.

Board of Health, City of Baltimore,

Permit No. 57473 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number.} 52 N Green

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, York meeting house

Date of Burial, Jan. 29/82 Louis E. Bloch, M. D.,

Undertaker, Wm. Hearer Medical Attendant.

Place of Business, 202 N. Eutaw Address, 20 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52497

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7a 7 8 year *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, 4 8 years

Place of Death, {Give street and number.} 396 E. Townsend St.

Cause of Death, First, (Primary.) Senile Debility

Second, (Immediate.) Cerebral Softening

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 29/82

Undertaker, Wm Beaver

Place of Business, 202 N. Eutaw St

Wm F Wilson, M.D.,
Medical Attendant.

Address, 87 Hamilton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52495

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Kate Weber

RECEIVED JAN 1882 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sewing Girl

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 548 Aisquith St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, Jan 30th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Wm. Brune Burke M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52476

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Chestnutt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White -

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 years -

Place of Death, {Give street and number.} 36 Spring Row,

Cause of Death, First, (Primary.) Apoplexy -

Second, (Immediate.)

Duration of Last Sickness, 12 days -

All the above information should be furnished by the Physician.

Place of Burial, Perth Amboy New Jersey

Date of Burial, Jan 31, 1892

Undertaker, Wm. F. Snyder

Place of Business, 606 Baltimore St

J. W. Hancock M.D.,
Medical Attendant.

Address, 75 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

25-10 Transit -

...e Special Attention of Physicians is Respectfully Invited to the Manual Below, and to List of Diseases at Back of this Copy.

Board of Health, City of Baltimore,

Permit No. 574477 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Gwinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lab

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto a Nat

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} No 90 Division st

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia Pleurisy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 30th 1892

Undertaker, E. H. Blizzard

Place of Business, 202 Penn ave

J H Adkinson M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reich

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* / *Months,* X 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hamtenburg, in the state of Bevern Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} Gay St Ext.

Cause of Death First, (Primary,) Pneumonia Left Lung

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Vault of Baltimore County

Date of Burial, Wednesday Sunday 29th Jan

Geo F Cors M. D.
Medical Attendant.

Undertaker, J D Raine

Place of Business, 97 Orleans st

Address, Gardenville Bern Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore,

Permit No. 52479 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 531 Light St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever & Diphtheria

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Jan 29th /82

Undertaker, C F Strand

Place of Business, *Address,* 146 Hanover St

Thomas Cotter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

1881

Board of Health, City of Baltimore,

Permit No. 5/1480 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

Date of Death, January 27. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hanson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* 18 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 33 Walnut al

Cause of Death, First. (Primary.) Paralysis -

Second. (Immediate.)

Duration of Last Sickness, 17 months & 18 days

All the above information should be furnished by the Physician.

Place of Burial ~~Druid~~ Charles St. Cemetery

Date of Burial, January 29th 1882

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave.

Alex Tinsley M. D.,

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 4 4 8 1 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

Date of Death, January 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rondle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 75 *Years,* 2 – *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.} .....

Occupation, Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and Number.} 308 Shupish

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Catahn of the Duodenum and Stoppage of the duct of Brain with Jaundice

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Jan 30th

Undertaker, Wm J. Ficken

Place of Business, 65 S. Eutaw St

Theodore Costa M. D.,
Medical Attendant.

Address, 146 Hanover ST

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Wine Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 431 N. Central Ave

Cause of Death, First (Primary,) General Debility

Second (Immediate,) "

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 29th 1882

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Alb. Nalson M. D.

Medical Attendant.

Address 431 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5`4483

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 15 E. Madison St.

Cause of Death. First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, January 29th 1882

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Wm Burke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5744841

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGarvey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White,

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 25 Years

Place of Death, {Give street and number.} # 123 Dover St

Cause of Death, First, (Primary.) Hypertrophy of the heart

Second, (Immediate.) " " " "

Duration of Last Sickness, Unknown,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cty

Date of Burial, Jany 31st 1882

Undertaker, John S Thacher

Place of Business, No 150 Canden St

Bot Bell M.D.,

Medical Attendant.

Coroner So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52454 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Waller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 216 William St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) acute Albuminia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, January 30

Undertaker, B. Maule

Place of Business, 82 West St.

H. J. W. Tall, M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5214/86 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Deaver Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ealis.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 166 East St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Tuesday Jany 31st 82

Undertaker, John H. McCoy & Co

Place of Business, #22 N. Fayette St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3448

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52/4187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosemon Mallimore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 3 Chesnut St

Cause of Death, First (Primary,) Phthisis, Pulmonalis

Second (Immediate.)

Duration of Last Sickness, about 2 weeks since time both

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30-1882

Undertaker, W W Madden

Place of Business, 76 East St

John H Monroe *M. D.*

Medical Attendant.

Address 138 E Lemmert St

or E Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52488 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9.20 PM Saturday Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Corns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Iron Worker Puder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Iron Worker (Puder) 11th dist Baltimore Co

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 59 Lenzern St

Cause of death, First, (Primary,) Valvular disease of the Heart Tubular Pneumonia

Second, (Immediate,) Congestion with breaking of an abscess of the lung Erosion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Back Cemetery

Date of Burial, Jan 31st 1882

Undertaker, M A Bauer

Place of Business, 74 S. Broadway *Address,* 2nd & Donnell St

J E Prichard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] respectfully invited to the Remarks Below. and [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52/4189 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 4 *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98 Lee St

Cause of death, First. (Primary,) Asthma

Second, (Immediate,) ~~Infant~~

Duration of Last Sickness, Feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 29 1882

Undertaker, C F. Keane

Place of Business 209 Hanover *Address,*

S Duncan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 574490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stadelmaier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 191 E. Eager St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, January 31st

Undertaker, George Schilling,

Place of Business, Holland Square

Jno. Brake Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 34491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN. BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horatio N Guy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Marine Surveyor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Yarmouth Maine

Duration of Residence in the City of Baltimore, Since 1837 Except 10 yrs in China

Place of Death, {Give street and number} No 138 Boston St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Some Lesions of the Spinal Cord

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 31/82

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Address, No. 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of P[illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57492 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28: 7:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Ida Kraltman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Three *Years,* One *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 240 Hamburg St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, Julius Kohler

Place of Business,

Wm. H. Alderdice M. D.,
Medical Attendant.

Address, E. Cor. Cumbria Ave. & Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invite[illegible]ist of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57493 *Office of Registrar of Vital Statistics.* Ward 13 9/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Tuttle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 17 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 6 Rock

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 30th January

Undertaker, Matthew Cochran

Place of Business, 227 Broadway

Edw J. Michreland M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty [illegible]e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish [illegible] forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as [illegible]he same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible]l date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52497 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily Virginia Ford

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Hoopers al

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } ~~458~~ Fremont st No 435

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial W Dublic Cemetery

Date of Burial, Jan 29 / 82

Undertaker, Jas A Kuchens

Place of Business, 50 S. Carroll Ave *Address,*

Alex Tinsley M. D., Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57495 — *Office of Registrar of Vital Statistics.* Ward 14½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Geoffreys.

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower.~~ {Cross out the word not required in this line.} ✓

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West Indies, 4 mos

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Frost bite & amputation of foot

Second, (Immediate,) Tetanus

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Jan 27/82

Undertaker, Fredk A Kerchner

Place of Business, 50 S. Lanvaston

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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No. 5411-96

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5211496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28/82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Parkinson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 44 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } W. 333 N. Eden

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 31 to 1882

Undertaker, Flemm & Morris

Place of Business, Park Ave

Louis P. Knight M. D.
Medical Attendant.

Address, W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate stating as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully in... ...eases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52497 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Amos Rappo

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 N. Eden

Cause of Death, First, (Primary,) Gastro - Enteritis

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, January 30

Undertaker, W Dippel

Place of Business, 157 S Bond *Address,*

Mathews M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57498

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 21 - Long Ln

Cause of Death, First, (Primary.)

Second, (Immediate.) Rheumatism

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, January 30th 1882

Undertaker, Chas. T. Sevier

Place of Business, 211 N Eutaw

H. J. Jones *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible] back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Eubank Register

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 139 Dolphin

Cause of Death, First (Primary,) Malignant Diphtheritic

Second (Immediate,) (then) Saphilaemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 30 1882

Undertaker, Denig & Mitchell

Place of Business, 550 N Fayette St

I. K. Faye M. D.

Medical Attendant.

Address 220 Lindenave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Att[illegible] respectfully [illegible] Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 57600 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Furniture Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Harrison St Hospital

Cause of death, First, (Primary,) Chronic alcoholism - Bright's

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 30 1882

Undertaker, James A Byrne

Place of Business, No 63 N Front St

Geo. C. Keyser M. D.,
Medical Attendant.

Address, Calvert Masonic

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible] within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting [illegible] far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased [illegible] cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of it.

Board of Health, City of Baltimore,

Permit No. 52501

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen. E. Kernes.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* One *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 Lippeman's Court,

Cause of Death, First, (Primary.) Diphtheritic Laryngitis,

Second, (Immediate.)

Duration of Last Sickness, 4 8 hours,

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cemetery

Date of Burial, Jan 30 1882

Undertaker, per P Byrne

Place of Business, 63 Penn

J. H. Chambers M.D.,

Medical Attendant.

Address, 881 E Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57502

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Klaeh

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5'2 *Years,* 3 *Months,* 19 *Days.*

Color, White

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} cor West & Light Sts

Cause of Death, First, (Primary.) Phlegmonous Erysipelas

Second, (Immediate.) Blood poisoning + Exhaustion

Duration of Last Sickness, 36 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 31

Undertaker, B. Young

Place of Business, 62 West St.

T. M. Hodge *M.D.,*
Medical Attendant.

Address, 201 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57503

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 30 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lonke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* 10 *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Cooper -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, About 17 Years,

Place of Death, {Give street and number.} # 339 South Sharp St

Cause of Death, First, (Primary.) Phthisis Pulmonalis,

Second, (Immediate.) " "

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem

Date of Burial, Jan 31th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross. sts

L. A. Bell M.D.,

Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 34504

Board of Health, City of Baltimore,

Permit No. 34504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kahluan Trauermann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 77 *Years,* 1 *Months,* 9 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number } 243 E. Lombard St

Cause of Death, First, (Primary.) Cardiac Dropsy

Second, (Immediate,) Disease of Mitral Valve.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Cemetery

Date of Burial, January 30th 1882

Undertaker, Wm. Dilan

Place of Business, 101 Gough St

G. W. Dilan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Page [illegible]

Board of Health, City of Baltimore,

Permit No. 54535

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

Date of Death, Jany 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Schoolher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 29 W Fayette

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) (with Asthmatic complication)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, Janr 31st 1882

Undertaker, Wm Eden

Place of Business, 20 Gough St *Address,* 89 S. Carey St

Thomas O'Brien M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Loyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* Ten *Months,* Eleven *Days.*

Color, Black *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 20 Chestnut st

Duration of Residence in the City of Baltimore, 10 Months 11 days

Place of Death, {Give street and number.} # 20 Chestnut st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 30 1882

Undertaker, William M Dingee

Place of Business, 62 East St

J E Gorsuch M. D.
Medical Attendant.

Address Augusta & Zapell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number.} 280 N Howard St

Cause of Death, First (Primary,) Old age probably some heart trouble, was

Second (Immediate,) dead when I saw him, went to bed well & died suddenly.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park

Date of Burial, Jan 31st 1882

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

W. D. Botker M. D.
Medical Attendant.

Address 152 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 54508 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Nester Morris

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 40 Stockholm St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Chas St Cem

Date of Burial, Jan" 30 1882

Undertaker, Nenemeier Ross.

Place of Business, Conway St

Thos H Sloan M. D.,

Medical Examiner.

Address, Carrollton Ave & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rules &c.

Board of Health, City of Baltimore,

Permit No. 52309 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Conlan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 81 Years

Place of Death, {Give street and Number.} 205 Dolphin St.

Cause of Death, First, (Primary,) General debility & Chron Bronchitis

Second, (Immediate,) " " " "

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial Cath Cem'y

Date of Burial, Jan 31st 1882

Undertaker, Jas F. Byrne

Place of Business, 57 N Liberty St

P. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu. 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Lillie Wheeler.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Zanesville Ohio

Duration of Residence in the City of Baltimore, 3 month

Place of Death, {Give street and number.} 178 Franklin St

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) asthma.

Duration of Last Sickness, six month

All the above information should be furnished by the Physician.

Place of Burial, Zanesville Ohio

Date of Burial, Feb 1st 1882

F. E. Chatard Jr, M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2514 Hanover

[OVER.]

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 54511 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis McFadden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* 7 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B, Md

Duration of Residence in the City of Baltimore, 53 - 7

Place of Death, { Give street and number. } 74 Beaumont Locust Point

Cause of death, First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 31 82

Undertaker, Andrew J. Dunn

Place of Business, 1263 Light st

R. P. Hollis, M. D., Medical Attendant.

Address, 613 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore,

Permit No. 5215/2 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Fredericks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 78 N. Durham St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Franklin Square Cem.

Date of Burial, Jan 30 1882 Wm H Cleudinen, M. D.,

Undertaker, ... Medical Attendant.

Place of Business, ... *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 52513

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Herman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 115 Pearl St - / life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 115 Pearl St -

Cause of Death, First, (Primary.) Tetanus Traumaticus

Second, (Immediate.) Trismus

Duration of Last Sickness, 24 hours -

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemy

Date of Burial, January 30th 1882

Undertaker, M Caddigan

Place of Business, 227 Walnut St *Address,* 114 W Monument St

W P Morgan M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of Dec...

Board of Health, City of Baltimore,

Permit No. 54874 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willia[illegible] J. [illegible] Keene

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 203 Eden [illegible]

Cause of death, First, (Primary,) ?

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 31st 1882

Undertaker, Jos S. Court

Place of Business, No 707 N Baltimore st

D D Gu[illegible] M. D.,
Medical Attendant.

Address, 137 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 57515 *Office of Registrar of Vital Statistics.* Ward 8 N

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday, Jan 30th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmer B. Leggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} # 96 E. Madison St.

Cause of death, First, (Primary,) Ulcerative Stomatitis with Opthma

Second, (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave, *Address,* 2 1/2 Greenmount Ave

Wilmer Preston M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

ne Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52,576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Bernard Bon!.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* four *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Citi

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Hoffman St cor of McCulloh St

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Luray Page Co. Va

Date of Burial, Jany 31/82

T. A. Ashby, *M. D.*
Medical Attendant.

Undertaker, —

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave. *Address,* 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

2515 Hanover

The Special Attention of Ph...

Board of Health, City of Baltimore,

Permit No. 57317 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 46 Harrison Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) ———

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lily Cemetery

Date of Burial, Jan 30 1882

Undertaker, F Kirchner

Place of Business, 30 Carroll Ave

H Lewis & Lewis M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 54518 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 27 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 671 Eight st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 31st 1882

Undertaker, Armstrong & Deny

Place of Business, 263 Light St

A. H. Ellis M. D.,
Medical Attendant.

Address, 673 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 54379

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Dance

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va Essex Co

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} Parish alley near Patterson Avenue

Cause of Death { First, (Primary,) Chitis
Second, (Immediate,) Meningitis
2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 31 82

Undertaker, Mrs Hendley

Place of Business, Hanover St

Address, [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[o...

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore,

Permit No. 54520 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lyles Norris

Sex, ~~Male~~ & *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow & ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 74 N. Charles St Ave

Cause of Death, First, (Primary,) Purpura Hemorrhagica

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan - 31st 82.

Undertaker, A.W. Jenkins & Son

Place of Business, 75 N. Charles St.

E. E. Nelson M. D., Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 52452 *Office of Registrar of Vital Statistics.* Ward 1 0 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schneider

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Restaurant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 392 Canton Ave

Cause of Death, First, (Primary,) Pthisis pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 31 1882

Undertaker, John Howard

Place of Business, 382 Orleans St *Address,* [illegible] Baltimore

[illegible] M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 57532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Chambers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* ..... *Days.*

Color, Dark Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chestertown Md.

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and number} 19 Waesche St.

Cause of Death { First, (Primary,) Heart Disease & probably Bright's Disease also
Second, (Immediate,) }

Duration of last Sickness, about 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Jan 31 82

Undertaker, Ida Handy

Place of Business, 116 Orchard

Eugene Foster M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No. 2376

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 32323

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Groff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months,* 18 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Hull Lane

Cause of Death, First, (Primary.) Concussion of head Cerebritis

Second, (Immediate.) Convulsions Cerebro Hemiplegia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lawn cemetary

Date of Burial, Jan 31 1882

Undertaker, Charles A White

Place of Business, 351 Granby

E C Baldwin *M.D.,*
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57524 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Jan. 30th 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Levin Murray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color. Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 13 N. Wolfe St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) " "

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan. 30th 1882

Undertaker, Wm N. Dungee

Place of Business, East St.

Illust Clem, M. D.,

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined L. P. Smith

Board of Health, City of Baltimore,

Permit No. 52525 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN. 31 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Downey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 347 Vine St

Cause of Death, First, (Primary,) Whooping-Cough

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Druid Cemetery

Date of Burial Jan 31 1882

James Bosley M. D.,
Medical Attendant.

Undertaker, William N Dunnigee

Place of Business, No 62 East Street *Address,* 319 William St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 52526 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Handy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 25 Norris alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 25 Norris alley

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Jan 31 1882

Undertaker, William Downes

Place of Business, No 62 East St

W K Garnett M. D.,
Medical Attendant.

Address, Fulton & Gorsuch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52327 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 30 A M Monday Jan 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sufferona Coons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow of Samuel T Coons

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 50 O Donnell St

Cause of death, First, (Primary,) Softening of the brain

Second, (Immediate,) Paralysis of Right Side

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Woodlawn Balto Co

Date of Burial, Jan 31st 1882 } J E Richards *M. D.,*

Undertaker, Henry Sandbach Son, } Medical Attendant.

Place of Business, 282 Lanvale St *Address,* 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 57528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Legore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Kent Co Md.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 2 Harris Alley

Cause of Death, First, (Primary.) Exhaustion of Liver

Second, (Immediate.) Dr

Duration of Last Sickness, 8 Months

All the above Information should be furnished by the Physician.

Place of Burial, Magnolia Harford Co Md.

Date of Burial, Jany 31. 1882

E D Williams M.D.,
Medical Attendant.

Undertaker, H. Sanden & Son.

Place of Business, 252 Canton Ave *Address,* 17 Laburnum Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2517 Jones

Board of Health, City of Baltimore,

Permit No. 32529 *Office of Registrar of Vital Statistics.* Ward 2, 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN. 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30 | 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Weikel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs probable

Place of Death, {Give street and Number.} 142 S. Regester

Cause of Death, First, (Primary,) Chronic Gastritis

Second, (Immediate,) .....

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 1st 1882

Undertaker, Henry Sanders & Son

Place of Business, 252 Canton Ave *Address,* 112 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

TH DEPT
JAN 31 1892
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 30th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Worrall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 years *Years,* 3 *Months,* 5 *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 228 N. Wolf St.

Cause of Death First, (Primary,) Diphtheria

(Blood Poison) Second, (Immediate,) coma.

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st 1892

Undertaker, Or Daniel Deeman

Place of Business, 24 Comet St

Thos J Simms M. D.
Medical Attendant.

Address, 240 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians

Board of Health, City of Baltimore,

Permit No. 24531 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

Date of Death, January 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Sharp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 16 *Days.*

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1yr 10 mos 16 days

Place of Death, {Give street and Number.} 205 South Eutaw St

Cause of Death, First, (Primary,) Diarrhoea & Debility

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shalo St Cem

Date of Burial, Jany 31 1882

Undertaker, H Rees

Place of Business, Conway St

Wm P Chunn M. D.,
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 54532 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McCann

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ~~Dont~~

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of ~~*Last Sickness*~~, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 1st 1882

Undertaker, M. A. Dawson

Place of Business, 745 W Pratt

Edward J. Kenny M. D., Medical Attendant.

Address, 188 W Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 54533.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

Date of Death, Jan 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hardy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 9 *Years,* *Months,* *Days.*

Color, Collard

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Jersey City

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number.} 103 N. Dallas St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exaustion

Duration of Last Sickness, Eight Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1882

Undertaker, Abraham Hyman

Place of Business, 13 Druid pl

Chas Bartlow M.D.,

Medical Attendant.

Address, 1 Fountain Pl

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is requested.

Board of Health, City of Baltimore,

Permit No. 52153

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Green

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Jno. H. Schultz Court

Cause of Death, First, (Primary.) Malnut

Second, (Immediate.) Acute Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 31st 1882

Undertaker, Wm J. Tickner

Place of Business,

L. H. Wilson *M.D.,*

Medical Attendant.

Address, 168 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52535 *Office of Registrar of Vital Statistics.* Ward 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Stuart

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 1 *Months,* 6 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} No 38½ W. Balto st

Cause of death, First, (Primary,) old age

Second, (Immediate,) Erysipelas

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2d 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

J Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52536 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 st 1882

Full Name ~~of Deceased.~~ Parents { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul & Pris Jane Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* —— *Months,* 1/2 hour ~~Days~~

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 512 Cross St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Premature Birth (Gestation 5 Months)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 1st 1882.

Undertaker, John Mahon

Place of Business, No 150 Camden St

Jno D Blake M. D.,
Medical Attendant.

Address, 416 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRAR'S DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 90 S Central Av

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) .....

Duration of Last Sickness, abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1st 1882

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St

Geo. S Kinnemon M.D.,
Medical Attendant.

Address, 73 E Balt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54538

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~duly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Ann Lockwood.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color. White.

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Boarding House Keeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 5-6 S. Paca St.

Cause of Death, First, (Primary.) Pleurisy. Pneumonia.

Second, (Immediate.) Typhoid Fever.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, February 1st

Undertaker, Wm. J. Pickett

Place of Business, 65 S. Eutaw St *Address,* Taylorsville Md

J. G. Wolcott M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54339 *Office of Registrar of Vital Statistics.* Ward 16 9/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schuchard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Black Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 1 St Paul all

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Disease

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, February 2nd

Undertaker, Geo A Ward M. D., Medical Attendant.

Place of Business, 66 Lexington *Address,* 168 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 674540

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Oedema Epiglottis, Asphyxia

Duration of Last Sickness, 2 hrs 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, January 31

Undertaker, Patrick Mullin

Place of Business,

Chas B Goldsborough M.D.,
Medical Attendant.

Address, U.S. Marine Hospital Service, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy Nine *Years,* Ten *Months,* & Seventeen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Five Years ?

Place of Death, {Give street and number} 95 Amity St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthenia

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls German Lutheran Church Cemetery

Date of Burial, Feb 2 nd

Alfred Hanstein M. D.
Medical Attendant.

Undertaker, Chas. Carlin

Place of Business, 27 Mc Clellan *Address,* 228 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57542 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard H. Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 245 Durham St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Auxbery Cemetary

Date of Burial, Feb 1st 1882

Undertaker, Abram Herman

Place of Business, 13 Saratoga St

E. B. Fenby M. D.,
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

Board of Health, City of Baltimore,

Permit No. 52/53 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jones Blackston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widowed

Occupation, Lawyer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} No 75 Pearl St

Cause of death, First, (Primary,)

Second, (Immediate,) Senility.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Marys County Md.

Date of Burial, January 31 1882

Undertaker, Walter Emmell

Place of Business, 315 N. Biddle St.

Chas. E. Hanson M. D.,
Medical Attendant.

Address, 221 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Special [OVER.]

Board of Health, City of Baltimore,

Permit No. 52452 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrol E. Loudyn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 291 Eshelman

Cause of Death, {First, (Primary,) Second, (Immediate,) Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial Loudon

Date of Burial, Feb 2 82

Undertaker, [illegible]

Place of Business, [illegible]

Theodore Cotte M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Ward 15th

Permit No. 52/52/15 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 30 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Harris

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, about 100 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 50 years.

Place of Death, {Give street and Number.} #253 Hughes Street

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Old age

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Feb 1 - 1882

Undertaker, Geo Perkins & Co } John A Allen M. D.,

Place of Business, ... } *Address,* Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52456 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina E Sohca

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years.* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Cor Hudson & Hanover Sts

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Unknown

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cem

Date of Burial, February 1

Undertaker, H Depfel

Place of Business, 171 S Bond

J. H. Martin M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th Jan. 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Wesley Ströter

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 18 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Brenham, Texas.

Duration of Residence in the City of Baltimore, four months

Place of Death, { Give street and number } 373 N. Broadway.

Cause of Death { First, (Primary,) Inflamatio hepatis. / Second, (Immediate,) Gastramalacia.

Duration of last Sickness, five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, February 1

Undertaker, Telfer

Place of Business, 121 N Bond

Robert Emmet Jenkins M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52/5218 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Nicholson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liverpool Eng.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and Number.} 67 Thames

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Bolt Church.

Date of Burial, February 4

Undertaker, M Duffee

Place of Business, 157 S Bond

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 574549

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Richardson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City —

Duration of Residence in the City of Baltimore, always —

Place of Death, {Give street and number.} # 59 Little Montgomery St

Cause of Death, First, (Primary.) Accidentally Drowned

Second, (Immediate.) " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 2

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Geo J. Bell M.D.,

~~Medical Attendant.~~ Coroner

Address, 161 Lee Shaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/530 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George P. Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months.* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 642 Light St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Baltimor Cemetary

Date of Burial, Febry 2

Undertaker, B. Marle

Place of Business, 82 West St.

Theodore Cotts M. D., Medical Attendant.

Address, 146 Cantrell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57551 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. Jan 1931st 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinick Reibling

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 61. *Years,* 6 *Months,* 12. *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years.

Place of Death, {Give street and number.} 20 Little Walsh

Cause of death, First, (Primary,) Brights Desease

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 2.

Undertaker, Walter Imme

Place of Business, 315 West Biddle *Address,* 226 Lombard

Louis C. R. Conn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 84,082

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 26 Washington Road

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 1st 1882

A. G. Natt *M. D.*
Medical Attendant.

Undertaker, C. J. Krause

Place of Business, ... *Address,* 106 Charles Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54533 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Samuel Bushcap

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~~~ *Years,* ~~~~ *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Belle City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 63 Williamson Alley

Cause of Death, First, (Primary,) Mal nutrition

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial W. Port Cemetery

Date of Burial, Feb 1st 1882

Undertaker, F. A. Kershner

Place of Business,

Samuel A. Evans M. D.,

Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Chas. F. E. Durding

Board of Health, City of Baltimore,

Permit No. 57,554 *Office of Registrar of Vital Statistics.* Ward 7 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Howe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Balto Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 408 N. Eden St

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 2nd

Undertaker, George Schilling

Place of Business, Ashland Square

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. William Bernhardt

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 157 Preston St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 2d 1882

Undertaker, Conrad Kuhl

Place of Business, 60 Pearl Ave

H. W. Owings *M.D.,*

Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54556 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allan Kess

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 6 McCulloh St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial Asbury M. Com

Date of Burial, Feb 1st 1882

Undertaker, Thos J Locke

Place of Business, 173 Jefferson St

Geo H Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 52457 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 82. 3 o'clk A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Dyson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Ten *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 7 Parrish all Ct

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and number.} No 7 Parrish all

Cause of death, First, (Primary,) Sen[illegible] Inflammation

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, February 1 1882

Undertaker, Klein & Lange

Place of Business, 62 East St

Wm J. Evans M. D.,
Medical Attendant.

Address, 149 N. Fulton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57,538

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Read

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 26 7 and 8

Place of Death, {Give street and number.} 66 S. Carrollton Avenue

Cause of Death, First, (Primary.) Ascites

Second, (Immediate.)

Duration of Last Sickness, about 3 years —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb 3 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

W. R. McMurry M.D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37339 *Office of Registrar of Vital Statistics.* Ward 20 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloysius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 1. 1882

Undertaker, Geo Sheehan

Place of Business, 157 Division st

Thanbury Brewer M. D.,
Medical Attendant.

Address, 78 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 5490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} #72 Chestnut St

Cause of Death, First, (Primary.) Scarlet fever & Diphtheritic

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Feb 2 1882

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

James J. Bell M.D.,
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57561

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Wheeler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and number.} Home of Friendless - Druid Hill av,

Cause of Death, First, (Primary.) Lumbition

Second, (Immediate.) Lumbition

Duration of Last Sickness, one month -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 2d 1882

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw st

Chas L Van Bibber M.D.,
Medical Attendant.

Address, 477 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52562 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Himmel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 y

Place of Death, {Give street and number.} 9 Jones Lane

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febry 2

Undertaker, B Hall

Place of Business, 42 West St

W. T. Ellis *M. D.,*
Medical Attendant.

Address, 302 E. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57563

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 1 Dunnatts Court

Cause of Death, { First, (Primary.) Second, (Immediate.) } Laryngeal Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Wartor Cemetery

Date of Burial, February 2

{ *Undertaker,* B. Hurt

{ *Place of Business,* 82 West St

O. A. Booke *M.D.,*
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52564 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elizabeth Gruber

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 227 Harford Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Meningate 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, Feb. 3

Undertaker, S. D. Thos. Leonard Son

Place of Business, 782 West Balto, St.

Jno. Emile Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2818 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A Harper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Parish alley below Pat Av & Thurston

Cause of Death First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St cemetery

Date of Burial, Feb 2 1882

Undertaker, William Nbunger

Place of Business, No 62 East Street *Address,*

G. W. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57566 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 60 N Bond St

Cause of Death, First, (Primary,) Bright's disease, consecutive dilitation of the heart
Second, (Immediate,) General & pericardial dropsy & Enlargement of the liver

Duration of Last Sickness, I saw her first about 7 weeks ago; had not been well for a long time

All the above information should be furnished by the Physician.

Place of Burial Balt Cemetary

Date of Burial Feb 3d 1882

Undertaker Denny & Mitchell

Place of Business, 658 Broadway *Address,* 262 Mead Ave

Elias le Price M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 32567 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephin W Griffith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months.* *Days.*

Color. W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} No 412 Calhoun St

Cause of death, First, (Primary.) Measles

Second, (Immediate,) Marasmus

Duration of Last Sickness, six weeks

All the above Information should be furnished by the Physician.

Place of Burial, Rockville Md

Date of Burial, Feb 3 1882

Undertaker, Mathias Codorus

Place of Business 227 Mulberry St

I W Kellam M. D.,

Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52568 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Thornton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 408 Eutaw Place

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) Apoplexy

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feby 4th 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 78 N. Charles

J. B. Browne M. D.,
Medical Attendant.

Address, 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57569 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Stösel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29

Place of Death, {Give street and number.} S.E. cor. Eastern Ave & Madeira Alley

Cause of death, First, (Primary,) Apoplexia

Second, (Immediate,)

Duration of Last Sickness, 4 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Ft Algh Potters Cemetery

Date of Burial, Feb 3 '82

Undertaker, John Hennessy.

Place of Business, 352 E. Eastern Ave

J. Heelbenberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52570

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Reddick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 29 Hill St

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bay Brays

Date of Burial, Feb 3 82

Undertaker, Anthony D. Dunn

Place of Business, [illegible]

Sam'l Beal M.D.,

Medical Attendant.

Coroner's Deputy

Address, 101 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Herman August Rathmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 7 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hamburg Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 4 N. Schroeder st

Cause of Death, First (Primary,) Chronic Inflamation of Bladder

Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Dr. P. Hoffman* M. D.

Medical Attendant.

Date of Burial, Feb 3

Undertaker, J B Crook

Place of Business, 70 W. West Baltimore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Lillie Luby

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 26 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 35 S Carey

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Uraemia 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3

Undertaker, J. H. Cook

Place of Business, 707 West Baltimore

W. F. A. Kemp *M.D.*
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 3 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} No 292 Durham Ln

Cause of Death. First, (Primary.) Dropsy

Second, (Immediate.) Ascitis ovarie

Duration of Last Sickness, Six month

All the above information should be furnished by the Physician.

Place of Burial, ~~Woods~~ Mt Laurel

Date of Burial, Feb 2 ond

Undertaker, Abram Wayman

Place of Business, 13 Saratoga St

J Meek *M.D.,*

Medical Attendant.

Address, No 36 Louisa St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52574 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinah Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 4 *Months.* *Days.*

Color, C

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford co Md

Duration of Residence in the City of Baltimore, 4 11 years

Place of Death, {Give street and number.} No 19 Bolton ally

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Febry 3 1882

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] *M. D.,*
Medical Attendant.

Address, 28 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5745751 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Wade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 36 Peach Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Feb 2nd 1882.

Undertaker, Leo H Perkins

Place of Business, 130 Hanover

U S Booe M. D.,
Medical Attendant.

Address, 22 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57576 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Jamison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 4 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 mo 24 dys

Place of Death, {Give street and number.} 36. L. Monument St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) ~~Bronchitis~~ Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, H. Pdc.

Date of Burial, Feb 2 1882

Undertaker, John E Jordan

Place of Business, 63 Park

R. E. Lee M. D.,
Medical Attendant.

Address, Hanover & Bar 45

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57577

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Febr. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Mangels.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 33 Hollandst.

Cause of Death, First, (Primary.) Diphtheritis.

Second, (Immediate.)

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d

Undertaker, Ed Schilling

Place of Business,

C H Cattmon M.D.,
Medical Attendant.

Address, 57 Aisquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57578

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Daughter of Moses & Jennie Friedeman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* 23 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England = London 9 Mo's

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Harrison St

Cause of Death, First, (Primary.) Carcinoma

Second, (Immediate.) Blood Poison

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Rd Hebrew cemetery

Date of Burial, Feb 3 " 1882

Undertaker, Salinas Harris

Place of Business, 6 c/ Harrison St

A L Shorter M.D.,
Medical Attendant.

Address, 11 S. Hoyt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57579 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Grant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 24 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Softening of the Brain 9 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, Feb 3 1882

Undertaker, C F Krause

Place of Business 269 Hanover *Address,* 146 Hanover St

Ascension Costa M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 27580

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Stiechel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 3 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N° 246 S. Charles St

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) The same

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park.

Date of Burial, Feb 3 1882

Undertaker, C F Kramer

Place of Business, 209 Hanover *Address,* 163 to Lombard St

Henry Salzer *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Platt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's Co.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} Saratoga & Pine Sts

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, February 3d

Undertaker, Wm H Lewis

Place of Business, Cor Pine & Saratoga

Chas W. Heffs M. D.
Medical Attendant.

Address, 306 W. Lytle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 54582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Neely Harrison

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 75 Chapel st East

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb. 3. 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

W C Bevington M. D.
Medical Attendant.

Address, N E Cor Broadway Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KELLY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

Permit No. 524583 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth L Kuhn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

~~Color~~,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 113 E. Biddle St.

Cause of death, First, (Primary,) Puerperal Eclampsia

Second, (Immediate,) Coma

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 3. 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

W. W. White, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 5415 84

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P Coutts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} Howard St near Fayette

Cause of Death, First, (Primary.) Morbus Brightii

Second, (Immediate.) Convulsions

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 3. 1882

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St

J C Blandin *M.D.,* Medical Attendant.

Address, 519 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Murray.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, Eleven years.

Place of Death, {Give street and number} 20 Jordan's Alley Nr Mulberry St.

Cause of Death, First, (Primary,) Shortness of the Breath.

Second, (Immediate,) Asphyxia.

Duration of last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 3rd 1882

James Brown M. D.
Medical Attendant.

Undertaker, John L. Jordan

Place of Business, Parkin

Address, 110 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 57586 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Hessler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 428 Orleans St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Laryngeal Diphtheria.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 3d 82

Undertaker, G. France

Place of Business, Pan B & Wol *Address,* 94 S. Broadway.

George St. Rohé, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 34587 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lemon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years.* *Months.* *Days.*

Color, Black.

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, About 6 months.

Place of Death, {Give street and number.} 2 Clarkson's Alley

Cause of death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, About Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, W B Pratt Cemetery

Date of Burial, Aug 3 1882

Undertaker, J A Kershaw

Place of Business,

Julius Dell M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32388 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Foulden

Sex. ~~Male~~ or Female {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/3 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and Number.} 357½ S. Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, Feb 3rd 1882

Undertaker, Henry Bein

Place of Business, Aliceanna St

Wm. H. Cleaves M. D.,

~~Medical Attendant~~

Address, Comm. of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam Geo E. Taylor M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 54589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Waters

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, B.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 W. Biddle

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) ____

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 3rd 1882

Undertaker, Wm. J. Bishop

Place of Business, 97 Bond Street

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 37590

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 Johnson St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3rd 1882

Undertaker, Armistead & Dent

Place of Business, 263 Light St

H B Noble M.D.,
Medical Attendant.

Address, 80 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62491 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Verdier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoe Filler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} Hutchinson St.

Cause of death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,) General Dropsy - Days

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feby 3

Undertaker, Harold Lloyd

Place of Business, 1 Bond St

J. L. Bissell M. D.,
Medical Attendant.

Address, 1910 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37592 — *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Xavier Aldendorf

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Natural life

Place of Death, { Give street and Number. } 148 Bond St

Cause of Death, First, (Primary,) Non closure of Foramen Ovale

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Feb 3rd 1882

Undertaker, W. T. Apel

Place of Business, 757 Pratt

Silas M. Hunter M. D., Medical Attendant.

Address 36 Gramont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 32393 *Office of Registrar of Vital Statistics.* Ward ..

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Sparing

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 121 ½ Franklin St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 4th 1882

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

J. Miller M. D.,
Medical Attendant.

Address, 84 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32/894 *Office of Registrar of Vital Statistics.* Ward 1 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gilligan

Sex. Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Scholar

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 1111 E Eager St

Cause of death, { First, (Primary,) Typhoid

Second, (Immediate,) Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Feb 4th 1882

Undertaker, Chas J Scriven

Place of Business, 211 N Eutaw St

Address,

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 57595

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Timmes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 2309 S Bacon St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th

Undertaker, H Brickle

Place of Business, Hanover St

J G Hamble M.D.,
Medical Attendant.

Address, 1205 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32696 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hanit.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* eleven *Months,* five *Days.*

Color, C.

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 24 E Bethel

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, ~~Jan~~ Feb. 2nd

Undertaker, Charles White

Place of Business, 38 Granby

Walter Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57397 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Andrew Mackenzie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 ~~Years,~~ 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 2 82 E. Caroline st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5

Undertaker, Geo W Spence

Place of Business, 198 Eutaw st

Geo A Newman M. D.,
Medical Attendant.

Address, 305 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57598 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brickmaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 316 Alicia ma St.

Cause of death, First, (Primary,) Erysipelas of legs & (Deranged intellection for 2 yrs.)

Second, (Immediate,) Paralysis & Convulsions.

Duration of Last Sickness, Two years helpless

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb 4th 1882

Undertaker, Fry & Bro

Place of Business, Broadway & Lutby

H. V. Gosnell M. D.,
Medical Attendant.

Address, 316 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52599 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Berger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, ✓

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ... ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 50 Cookie St Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} X 50 Cooke St

Cause of death, First, (Primary,) Unknown

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 4th February

Undertaker, Michael Funk

Place of Business, No. 35 Bank St *Address,* 260 E Balto St

E. W. Janney M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52600 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Lester

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland ✓

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 32 E. Pratt St.

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,)

Duration of Last Sickness, was sick from Pneumonia about five weeks ago, was convalescent & almost able to walk about when taken with Spasm of Heart & died in about ~~4~~ minutes.

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Feb 4th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Thos. Kelly M. D.,
Medical Attendant.

Address, 16 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Lange

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 95 *Years,* *Months,* *Days.*

Color, Dark

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sister of Providence

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sandimango, West [illegible]

Duration of Residence in the City of Baltimore, Eighty years

Place of Death, {Give street and number.} Chase & Forrest Sts

Cause of Death, {First (Primary,) old age

Second (Immediate,) Acchemia.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea Cemetery

Date of Burial, Feb 6 1882

{*Undertaker,* James O Byrne

Place of Business, No 63 N Front St

F. E. Chatard Jr M. D.
Medical Attendant.

Address 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57602 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 4 1882 BALTIMORE

Date of Death, ~~January~~ Feb 1 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 320 Hamburg St

Cause of death, First, (Primary.) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feb 4 82

Undertaker, Geo Wilkins 200

Place of Business, 130 Henrietta

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2879 Bauser [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 2, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James C. Hall

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* Fourteen *Months,* Five *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Whole lifetime

Place of Death, {Give street and number.} No. 6 Vine St.

Cause of Death, First (Primary,) Asthenic pneumonia

Second (Immediate.) ____

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 4 1882

Undertaker, S Wethare

Place of Business, 198 A Howard st *Address* 41 Orchard St.

W. H. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Downs

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ann Arundel Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 12 Gilbert St

Cause of Death { First, (Primary,) ... / Second, (Immediate,) Phthisis.

Duration of last Sickness, 12 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 4 1882

W. A. B. Sillman M. D.
Medical Attendant.

Undertaker, S. W. Crane

Place of Business, 198 Howard St

Address, 249 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52609 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rally

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper -

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, all her life ✓

Place of Death, {Give street and number.} 1344 Argyle Av -

Cause of death, First, (Primary,) Strangulated Femoral Hernia,

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 4, 1882

Undertaker, G. H. Blizzard

Place of Business, 201 Penna Ave

T. Ricketts M. D.,
Medical Attendant.

Address, 570 Penna Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52606 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura E Hardey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* — *Days.*

Color, White

Married, ~~Single Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 90 N. Green St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, Feb 5th

Undertaker, C A Blizzard

Place of Business, No 201 Penna Ave *Address,* 184 Saratoga St

Robert W Mifflin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 52607 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clinton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 258 Balt ave

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Feb 5th 1882

Undertaker, Armstrong & Dey

Place of Business, 263 Light St

Theodore Cook M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ridduff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Broker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 299 Forest st

Cause of Death, First, (Primary.) Injury by Cars

Second, (Immediate.) Traumatic Tetanus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonebray

Date of Burial, Feb 5th Sunday

Undertaker, Geo. Schilling

Place of Business, Cor of Aisquith & Monument

A. H. Yeates M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Eleven *Months,* 27 *Days.*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation, Pupil at School

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 42 Lee St.

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Coma et Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 4

Undertaker, H Rose

Place of Business, 95 Conway St

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54609 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Killduff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 299 Forest st

Cause of Death, First, (Primary.) Injury by Gas

Second, (Immediate.) Traumatic Tetanus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonebray

Date of Burial, Feb 5th Sunday

Undertaker, Geo. Schilling

Place of Business, Cor of Lisquith & Hanover st

A. P. Gaines M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32/6/10 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Heckrotte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Martha Pa

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 128 Arlington Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial Feby 5 1882

Undertaker, John E. Hough

Place of Business, Penna Ave *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52611 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Emrich

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 197 Pierce

Cause of death, First, (Primary,) Retention of part Placenta

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5

Undertaker, Joseph B Cook

Place of Business, 702 West Balto

Louis E Horn *M. D.,* Medical Attendant.

Address, 226 Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,162 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Dallin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 16 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth ✓

Place of Death, {Give street and number.} 57 N. Pulaski St

Cause of death, First, (Primary,) Croup (Membranous)

Second, (Immediate,)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 5

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

H. F. Hill *M. D.,*

Medical Attendant.

Address, 443 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12613 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Lillie Gaff Feb 3, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 317 W. Gay St.

Cause of death, First, (Primary,) Scarlatina & Diphtheria

Second, (Immediate,) Uraemic Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Febr 6th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

H. H. White, M. D.,
Medical Attendant.

Address, 317 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32/6/14 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Elesabth Fallon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 Pine

Cause of death, First, (Primary,) Pneumonia, Bronchial

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae Cemetery

Date of Burial, Sunday Feb 5th 1882

Undertaker, Matthew Gadogan

Place of Business, 227 Madeira St

Louis [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5246 15 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McKeon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years.* *Months,* *Days*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} Aged Womens Home

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, 4th Febry 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles *Address,* Waverley

Geo Keyser M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54616 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, Colored

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 242 Hughes St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Coma & Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 4th February 1882

Undertaker, Jacob Swisher

Place of Business, 113 Lee St

L. D. Syer M.D.,
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54617 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ January 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Garfield Pierrejohn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 3 *Months.* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 304 N Howard Street

Cause of death, First, (Primary,) Whooping cough

Second, (Immediate,) Capillary bronchitis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feby 5th

Undertaker, Louis Tentel

Place of Business, 796 W. Balto St. *Address,* 224 West Fayette St

H. F. Steinbrenner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57618

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry, son of John H. & Emma Link

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 90 Albemarle St

Cause of Death, First, (Primary.) Atrophy 9 days

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery.

Date of Burial, Feb. 5. 1892

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av.

A. Grafton Shortzer M.D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52619 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand G. Schneider Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 27 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 282. Canton Avenue

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 283 Canton Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Catarrhal Pneumonia

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th 1882

Undertaker H. Sander & Son

Place of Business 752 Canton Ave

H. V. Gonzales M. D.,
Medical Attendant.

Address, 306 S. Wolfe St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52620 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ed Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Five *Years,* one *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 43 Vincent St. near Lexington no. number

Cause of death, First, (Primary,) Scrofula.

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Three month

All the above information should be furnished by the Physician.

Place of Burial, Thorp St cemetery

Date of Burial, Feb 6 1882

Undertaker, William Dunze

Place of Business, No 62 East Shee

J. S. Jordan, M. D., Medical Attendant.

Address, 126 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 54621 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 Febuary 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Guertle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 77 ~~Years~~, — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alfeld — Hanover

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Rear Fayette N 508

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 5 February 188

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 224 W Fayette N

A L Reinhard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57622

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Reuss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 1 Huntsmans Court

Cause of Death, First, (Primary.) Accidentally falling down

Second, (Immediate.) Fract of Sk Lead Effusion

Duration of Last Sickness, abt 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Feby 4th 1882

Undertaker, L. Ritz

Place of Business, 1129 S. Broadway

R. H. Morfit M.D.,
Coroner & Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57623 *Office of Registrar of Vital Statistics.* Ward 20 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F Cloud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 217 west Franklin

Cause of Death, First, (Primary,) Blood Poison

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem

Date of Burial, Feby 5th 1882

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Frederick *Address,*

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Tucker Rover

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 3 weeks ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 179 St Paul Street. Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 St Paul Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sunday Feb 5th 1882

Undertaker, Chas. A. McCoy & Co

Place of Business, 422 N. Fayette St

W. T. Valk M.D.,
Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57462.5 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Gray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, c d

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 68 Iceland St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Feb 5 - 1882

Undertaker, Hercules Ross.

Place of Business,

James H Lee M. D.,

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Eq Laurel Cem

[OVER.]

Board of Health, City of Baltimore, ——— 1882

Permit No. 57626 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Smith

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 116 Richard St

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Feby 5th 1882

Undertaker, David W. Chase

Place of Business, 98 S. Howard St *Address,* 85 N Eutaw St

F. P. Kilbourn *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54627 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 4 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 03 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and Number.} # 64 Ramsay St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cem

Date of Burial, Feby 6 - 1882

Undertaker, J. B. Cook

Place of Business, 707 W Pratt St

Thos A Shumly M. D.,

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57628 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Grace Owens,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and Number.} 91 S. Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria,

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial Int Carmel

Date of Burial, Feb 4/82

Undertaker, Fry & Son

Place of Business, 81 W Broadway

George A. Rohe, M. D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 57629 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Lambdin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, 24. 4. 27.

Place of Death, {Give street and number.} 104 William St.

Cause of death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb. 5th 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover St Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574630

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanley Booth

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 44 *Years,* 10 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married.

Occupation, Restaurant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Twenty-years.

Place of Death, { Give street and number. } 162 Sharp St

Cause of Death, First, (Primary.) Phthisis Pulmonium

Second, (Immediate.) Asthma

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb. 5th 1882

Undertaker, E. F. Krause

Place of Business, 209 Hanover

D. E. McBarclay M.D.,

Medical Attendant.

Address, 47 Conway St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57631 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Douglas Murray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 228 West St

Cause of death, First, (Primary,) Dropsy.

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pools Cemetery

Date of Burial, Feb 5th 1882

Undertaker, Fred Kercher

Place of Business,

Wm Boyce M. D.

Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 34632

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 11th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. R. Reynolds.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, — *Years,* 10 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 217 Battery Avenue

Cause of Death, First, (Primary,) Tuberculer. Meningites.

Second, (Immediate,) Convulsions.

Duration of last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, February 6th 1882

L. O. Harrington. M. D.
Medical Attendant.

Undertaker, B. Hoole.

Place of Business, 82 West. St. *Address,* 359 Light. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 57633 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert L. Ehlandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6m 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 376 Hamburg St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 5

Undertaker, B. Hark

Place of Business, 52 West St

I. C. Bruch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/634

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l Nevil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 169 Dolphin St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 3

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 6th 82

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Robt H. Wyble M.D.,
Medical Attendant.

Address, No 205 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52635 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Neely

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 311 N. Bond

Cause of death, First, (Primary,) .....

Second, (Immediate,) Acute Tuberculosis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Dec 5th 1882

Undertaker, Geo Schuller

Place of Business, ...

Geo B. Reynolds M. D.,
Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54656

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4" 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 mo. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 154 E Biddle st

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption of the Lungs

Duration of Last Sickness, A Long Time (say 2 years)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, February 6,

Undertaker, John Blokamp,

Place of Business, 260 E. Lombard st, *Address,* 121 E Baltimore st

J Ridgway Andre M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54637 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. William Rhodes

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 4 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 167 E. Pratt St.

Cause of Death, First, (Primary,) Eclampsia (cause not known positively)

Second, (Immediate,)

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 5, 1882

Undertaker, Henry Hoch

Place of Business, 30 Central Ave

Geo. H. Wartman M. D., Medical Attendant.

Address, # 305 E. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feby 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allie Jane Hutt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Two *Years,* One *Months,* 15 *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 32 Dawson Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, February 6th 82

Undertaker, Saml W Chase

Place of Business, 198 S Howard st

Hugh Nelson M. D.
Medical Attendant.

Address No 8 N Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5465 Health of Health, City of Baltimore, 5

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 4' 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Nelson (Nelson)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newcastle Del

Duration of Residence in the City of Baltimore, Corps 71 Forest Ave

Place of Death, {Give street and Number.} Apoplexy

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Bath Cemetery

Date of Burial, Feb 6th 1882

Undertaker, Henry Williams

Place of Business, 45 N. Gay St

C. O. Stull M. D., Medical Attendant.

Address, 1113 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 54640 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minta A. Whalley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and Number.} 14 St N. Durham Al

Cause of Death, First, (Primary,) Natural Prostration

Second, (Immediate,) Apnoea

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetary

Date of Burial, Feb 3rd 1882

Undertaker, Chas A White

Place of Business, 36 S Eutaw St *Address,* 222 N Broadway

Jno F Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54.641 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia M Gleaves

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 124 Yorkish

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Feb 6 1882

Undertaker, William N Dorsey

Place of Business, No 62 East Street

Robert Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54.642 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1882 BALTIMORE, MD.

Date of Death, Feb. 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Waters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} 214 Warner St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Centre

Date of Burial, Feb 6 1882

Undertaker, William Bruce

Place of Business, No 62 Eastern

W. S. Bruce M. D.,
Medical Attendant.

Address, 206 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54.645 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clary Basil

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 812 West Pennsylvania

Cause of death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 5.

Undertaker, A Ross

Place of Business, 75 Conway St

W S Bize M. D.,
Medical Attendant.

Address, 206 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54.644

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, FEB 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 30 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harrisburg Pa

Duration of Residence in the City of Baltimore, One year & five months

Place of Death, {Give street and number.} 26 Little Monument St.

Cause of Death, First, (Primary.) Fell in the fire

Second, (Immediate.) Burns - Conflagration

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Feb 5 82

Undertaker, Alf Hendley

Place of Business, [illegible] *Address,* 152½ N. Eutaw St

J. Ljungling *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5-82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Feller

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow, or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} 29. New Church st

Cause of Death, {First (Primary,) Heart Disease
Second (Immediate,) Apnoea

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, St Olyphants Cemetery

Date of Burial, Feb 6th

Herbert Hanlain M. D.
Medical Attendant.

Undertaker, F. N. Groll.

Place of Business, 131 Hanover St. *Address* Balto Cor. Dugan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jeffrey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 2406 Hartford ave.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) "

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. G. Watson M. D.

Date of Burial, Feb 9th Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square *Address* 243 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Bandel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 112 Jefferson St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 6, 1882

Geo. L. Kammerman M.D.,
Medical Attendant.

Undertaker, Thos. F. Hughes

Place of Business, 60 E Balto St *Address,* 732 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57648 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schreibaum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 29 Wrenne St

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls - Cem.

Date of Burial, Feb 6th 1882

Undertaker, L. Kitz

Place of Business, 122½ S. Broadway

E. J. Adams *M.D.,*

Medical Attendant.

Address, 53 Clinton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57649

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Weibel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 Arlington Ave.

Cause of Death, First, (Primary.) Phthesis Pulmonalis

Second, (Immediate.) in Hydrothorax

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 7th 1882

Undertaker, Mrs P. Kümmert

Place of Business, 317 Mulberry St

Wm Blundell M.D.,

Medical Attendant.

Address, Balto Ten Drug

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57650 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Handschenck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 95 Druid Hill Ave

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Suffocation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cem.

Date of Burial, Feb. 7th

Undertaker, Walter Lamb

Place of Business, 315 W Pratt

I saw this Case only a few hours before death

C Winslow M. D.,

Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52465 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dreschel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Potter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 713 West Balt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Rheumatism of the Heart

Duration of Last Sickness, 30 4 minutes

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem

Date of Burial, Feb. 6 1882

Undertaker, J. B. Cook,

Place of Business, 707 W. Balto. St. *Address,*

Alex Finley M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 54652

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 February 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma A Cumming

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 19 *Years,* 1 *Months,* 0 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, 0

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 9th L. Washington Ave

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 7th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

G W Cape M. D.
Medical Attendant.

Address, 583 Lexington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 58

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62658

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nita Bowling

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 12 *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 369 East Lombard

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, February 7th 1882

Jno C Bowling M. D.
Medical Attendant.

Undertaker, Denny L Mitchell

Place of Business, 65 S Broadway *Address,* E. Co Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CHAS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32654 *Office of Registrar of Vital Statistics.* Ward 19 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1892 BALTIMORE

Date of Death, Feby 4 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 23 weeks & Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 weeks & ✓

Cause of Death, First, (Primary.)

Second, (Immediate.) Cramps

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial W. Pratt Cemetery

Date of Burial, Feb 6th 1892

Undertaker, J. A. Kirchner

Place of Business, ~~—~~ *Address,*

Alex Tinsley M. D.,
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54655

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann DeSheilds

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 175 S. Banks

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis (+ old age)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7/82

Undertaker, Fry & Rw

Place of Business, 422 Broadway

Nicholas L. Cushing M.D.,
Medical Attendant.

Address, 422 E. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12656

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolitty P. Tice

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 223 Gough st.

Cause of Death, First, (Primary.)

Second, (Immediate.) old age

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7/82

Undertaker, Fry & Bro

Place of Business, 67 W Broadway *Address,* 207 Fleet

Tickle L. Luther M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57657 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ February 6th 1882

Full Name of ~~Deceased~~ Parents, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml & Sarah Clayton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Do Ramsay

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 130 Ramsay

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhage from umbilical Cord

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, February 7 6 Jas A Blake M. D.,

Undertaker, H. Ross Medical Attendant.

Place of Business, 45 Monument St *Address,* 168 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 27658 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th, 6 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbetta Landeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* — *Months,* 6 *Days.*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} 40 82 S. Kenwood St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Tuesday Feb. 7th

Undertaker, George Leinbach

Place of Business, 389 W. Pratt St

Louis E. Elsodier, M. D.,
Medical Attendant.

Address, N.E. Cor. Columbia Ave & Kenwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5746 59 *Office of Registrar of Vital Statistics.* Ward 11 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Garrett

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 0 *Months.* 0 *Days.*

Color, black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 331 N. Howard

Cause of death, First, (Primary,) Inflammation of lungs

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 6" 1882

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St

G Lane Tarrytine M. D.,

Medical Attendant.

Address, 129 N Eddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Steele

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 389 Madison

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Hydropericardium

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 7th 1882

Undertaker, Deeny & Mitchell

Place of Business, 550 W Fayette St *Address,* 143 N Chas

Wm Kneas *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24661

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 24661

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline Millan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number} At No 79 Edmondson Av.

Cause of Death, First, (Primary.) Scirrhous Diathesis

Second, (Immediate,) Uterine Cancer

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Feby 7th 1882

E. N. Free M. D.
Medical Attendant.

Undertaker, Deckey & Mitchell

Place of Business, 550 W Fayette St *Address,* 192 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 8
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Selby Hammond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Six *Days.*

Color, White

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number.} No" 148 N. Carey Street

Cause of Death, {First (Primary,) Intestinal irritation, & inflamation — Second (Immediate,) Convulsions.

Duration of Last Sickness, about 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feby 7" 1882

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, Denby & Mitchell

Place of Business, 500 W. Fayette St.

Address "148 N. Carey St. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57663 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. G. Swann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Luzerne

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Croup

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, February 6th 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 74 So. Broadway

I. Winston M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57,664 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Meuier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teamster

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 370 Light St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 7

Undertaker, B. Wlaule

Place of Business, 82 West St.

O. A. Cooke *M.D.,*
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57665 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret D. Eggleston

Sex, Male or Female, {Cross out the word not reqnired in this line.} Female

Age, 49 *Years,* — *Months,* — *Days.*

Color, Colour

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.} Married

Occupation, Housewife

Birthplace, {State or conntry, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and nnmber.} 371 E. Eager St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 8th 1882

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,*

Wilson M. D.,
Medical Attendant.

E. or Caspar Wm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574666 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma P Kahl

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 10 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 136 Chapel

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 6th 1882

Undertaker, L. Weigand

Place of Business, 166 Druid Hill Ave

Geo H Berna M.D.,
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52667 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Febnary 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugo Gideon Kuehne

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 43 *Years,* 1 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, News paper editor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Radeburg. Saxony. 20 years in U. S.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Montrose Street Nr 5

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 8 Febnary 1882

Undertaker, A. Weidemeyer

Place of Business 186½ W Baltimore St. *Address,* 224 West Fayette Street

5182

L. F. Reinhard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37668 *Office of Registrar of Vital Statistics.* Ward 20 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Randall

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland ✓

Duration of Residence in the City of Baltimore, 62 yrs —

Place of Death, {Give street and number.} 185 Bonnie View Av

Cause of death, First, (Primary,) Rupture of one of the Cerebral Arteries

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 7th 1882

Undertaker, Henry Watkins & Son

Place of Business, 75 N Charles St

W H Crim M. D.,
Medical Attendant.

Address, 180 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57669

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Augustus Warner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty nine (59) *Years,* (1) One *Months,* (23) Twenty three *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Franklin St. Baltimore Md.

Cause of Death, First, (Primary.) Central hemorrhage (Apoplexy)

Second, (Immediate.) Cerebral pressure

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, February 8th 1882

Mr C. Van Bibber M.D.,
Medical Attendant.

Undertaker, Hufnagle & Son

Place of Business, 75 N Charles St

For John Van Bibber M D

Address, 47 Franklin St -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52670 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5 18 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, — *Years,* — *Months,* a few Hours Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 21 Lord —

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 21 Low St —

Cause of Death, First, (Primary,) Premature (Birth)

Second, (Immediate,) asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loyered

Date of Burial, Feb 6 1882

Undertaker, S Whase

Place of Business, 198 Howard St *Address,* 143 N Exeter

D. Shutt *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54671 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED OCT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 8-1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William D-s Queen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 96 Chesnut St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Sept 9-1882

Undertaker, Sam "Chase

Place of Business,

James A Steuart M. D.,

Health Attendant.

Address, Commissioner's Room

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52674 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Baxter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 Boyd St

Cause of Death, First, (Primary,) Dentitions difficult

Second, (Immediate,) Convulsions

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemet

Date of Burial, Feb 6 " 1882

Undertaker, Jacob Davis

Place of Business, Lee St

James Lemmon M. D., Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by J. E. Duerden

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

No. 57673

Board of Health, City of Baltimore,

Permit No. 57673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira Lee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 6 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 7, 1882

Undertaker, C. W. Shepard

Place of Business, 201 Dolphin

C. F. Brune *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 54674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Wightman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 275 Mosher St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Enanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 6

Undertaker, C. W. Thyson

Place of Business, 201 Pen

H. W. Ohnig M.D.,

Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt W Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number} 670 Light

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, one weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 7. 1882

H H Welch M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 4th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Jacobs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} "

Age, ... *Years,* 18 — *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 511 Stockton St.

Cause of Death, First (Primary,) Catarrh —

Second (Immediate,) Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Febr 7

Edmund ..... *M. D.*
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 315 West Biddle *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32677 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1892 BALTIMORE

Date of Death, February 4th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lang

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower.~~ {Cross out the word not required in this line.}

Occupation, Stevedor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and Number.} 58 S. Regester St

Cause of Death, First, (Primary,) Hernia.

Second, (Immediate.) Suppression of Urine

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial St Thomas

Date of Burial, Feb 6th 92

Undertaker, G. France

Place of Business, Bonk & Wolfe *Address,* 205 N. Eutaw St

Francis A Lowe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 24678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Klotzbach

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Ireland~~ Canton Avenue Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 263 Canton Avenue

Cause of Death, First, (Primary.) Repeated colds

Second, (Immediate.) Brights disease

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 8th 82

Undertaker, G. France

Place of Business, Dan K & Wolf St

Hilton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & Eldon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Runnell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 11 E. Durham st

Cause of Death, First, (Primary.) Natural Causes ~~Inflammation of intestines~~

Second, (Immediate.) Peritonitis Rheumatic

Duration of Last Sickness, 19 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 7th 82

Undertaker, G. France

Place of Business, 52 & 54 Wolf St. *Address,* 13 E Broadway

Jno. J. Dawson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Idie F. Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 17 Months, 27 Days.

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 365 McDonough St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 8th

A. D. Watson M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, N. W. corner Aisquith & Monument Address 437 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57681

Office of Registrar of Vital Statistics.

The Physician who attended any person in [illegible] is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

Date of Death, February 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emeline Elizabeth Bowers

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. E. Cor. Balto & Fremont Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 7th 1882

Undertaker, J. Frank Evans

Place of Business, 654 N. Balto St

H. N. Hebner *M.D.,*

Medical Attendant.

Address, 292 N. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52682

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sines

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 Y 9 M

Place of Death, {Give street and number.} 29 Abbot St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulm

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery,

Date of Burial, Feb 7th

Undertaker, Geo. Schilling

Place of Business, Cor of Aisquith & Monument St

W B Stevenson M.D.,

Medical Attendant.

Address, 616 W Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Gwynn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* 16 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Civil Engineer; formerly officer in army

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Coma, and apnoea

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feb 9th 1882

Undertaker, Holloway Jackson & Son

Place of Business, 75 N Charles St

J. C. Chew M. D.

Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2520 Fremont

[OVER.

Board of Health, City of Baltimore,

Permit No. 57684 *Office of Registrar of Vital Statistics.* Ward 16 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hlunce

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 m. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Cor Lombard & Scott sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial, Feb 8th 1882

Medical Attendant Richard Locke M. D.,

Undertaker, John S Thacker

Place of Business, No 150 Canton Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 34685

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Cuccinyan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Halifax Co. Va. 73 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 71 Potomac st

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Halifax Co. Va.

Date of Burial, 7th Feby 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles st. *Address,* 121 W Lexington st

G. W. Waters, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2521 Hanover

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52686 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 46 Walker st

Cause of death, First, (Primary,) Phthisis Pulmonalis Tuberculosis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7. 1882

Undertaker, W. Wheadon

Place of Business, #76 East St

K. H. Mufflin M. D.,
Medical Attendant.

Address, 184 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0409

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brady

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Cavin Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 73. N Eight St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feby 1882

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dressel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 6 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 145 East Batt'l St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 7th

Undertaker, Fred Goede

Place of Business, No 29 S. Caroline *Address,* 11 S. Hanover St

A. Lingenfelter M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32689 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist

Date of Burial, Feb 7 1882

Undertaker, P Mallon

Place of Business,

..... *M. D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52690

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mashega

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemian

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Hamilton & Co - Coal Pier No 14. Locust Point

Cause of Death, First, (Primary.) Accidental breaking

Second, (Immediate.) of the Coal Wharf

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, St Aegidius Cemetry

Date of Burial, Feb 6, 1882. L. A. Bell M.D.,

~~Medical Attendant~~, Coroner's Asst

Undertaker, John Herring

Place of Business, 382 Columbia St *Address,* 161 E Henry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52691

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henkelman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 1 Chestnut Ally

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Ce

Date of Burial, Feb 7th 1882

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

W W Austin M.D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54692

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bathsheba P Keath

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Bathsheba Keath

Age, 82 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Home

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.-

Duration of Residence in the City of Baltimore, 46 Years. ✓

Place of Death, { Give street and number. } Eager & Park Sts.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Hypostatic Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feb 8th 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Alan P Smith M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 24693 *Office of Registrar of Vital Statistics.* Ward 11 01

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or ... if requested so to do, un... ...r sooner.

Date of Death,

Full Name of De...

Sex, Male ~~or F~~

Age,

Color,

~~Married~~, Single, ~~W~~

Occupation,

Birthplace, {State or c... long in th... if of fore...

Duration of Resid...

Place of Death,

Cause of Death,

Duration of Last ...

All the above informa...

Place of Burial,

Date of Burial,

Undertaker,

Place of Busine...

Certificate of Death

HEALTH DEPARTMENT FEB 1882 BALTIMORE

Milton P. Painter ~~M~~.

Age — Twenty (20) years.

Race

Native of Baltimore Co—

Duration of last illness. one year

Cause of Death { Primary Tuberculosis. / Secondary Pneumonia.

Date of Death. Feb. 6. 82

Residence 37. Eager st

Charles J. Hill M.D.

Arlington Balto. Co.

Feb. 6. 82

... M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 34693

The Physician who
out, to the Undertaker o
if requested so to do, un

CERTIFICATE OF DEATH.

Date of Death. Feb 6th 1884

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton P. Painter

Sex. Male ~~or Female~~, {Cross out the word not required in this line.} ..... Days.

Age. 20 Years, ... Months, ...

Color. white

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation. .....

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore. .....

Place of Death. {Give street and Number.} 37 Eager St. West

Cause of Death. First, (Primary.) Tuberculosis

Second, (Immediate.) Pneumonia

Duration of Last Sickness. one year

All the above information should be furnished by the Physician.

Place of Burial. Garrison Forest

Date of Burial. Feb 7th 1884

Undertaker. Stewart & Brown

Place of Business. .....

Thos A Glenn M. D.
~~Medical Attendant~~.
Regent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 37694 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Jimmy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 5 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1 Warren av

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, Feby 7 1882

Undertaker, H. C. Ross

Place of Business, 75 Conway St

Geo D Blake M. D.,
Medical Attendant.

Address, 168 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57695

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kohlman.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty-six *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany thirty-five years

Duration of Residence in the City of Baltimore, thirty-five years.

Place of Death, {Give street and number.} #7 Clay St.

Cause of Death, First, (Primary.) Cyphilis "Chronic"

Second, (Immediate.) Asthenia.

Duration of Last Sickness, two or three years.

All the above information should be furnished by the Physician.

Place of Burial, St Alleyan Cem

Date of Burial, Feb 8 1882

Undertaker, H Borgman

Place of Business, 45 Clay St *Address,* #110 N. Eutaw

James A Brown M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 C 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence R Hardester

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 291 Pennsylvania Avenue

Cause of Death { First, (Primary,) Pneumonia
, { Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 8 1882

Undertaker, [illegible]

Place of Business, 236 Pa ave

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Hoshen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Primrose

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Roofter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dont know

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give street and number.} 46 Moore alley

Cause of Death, First (Primary,) Inflamation of Stomach & bowels

Second (Immediate,) Abscess

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, Feby. 7th 1882

Undertaker, Mich. Bachhofer

Place of Business, 97 Smithson Ave.

J. Gilman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52698 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Lane

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 351 Vine St near Gilmore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 351 Vine St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Congestion Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Western Public Cemetery

Date of Burial, Feby 6/82

Undertaker, Fred A. Cushman

Place of Business, 50 & Carrollton Ave.

Alex Finley M. D.,

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline M. Stone

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 3 *Months,* 22 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~, ~~Widower~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and number.} 437 N. Central ave.

Cause of Death, First (Primary,) Bright's Disease of Kidneys

Second (Immediate,) " Uremic Poison & Effusion of Heart.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 9 th

H. G. Watson M. D.
Medical Attendant.

Undertaker, Wm Wheeler

Place of Business, Embalming Store *Address* 437 N. Central ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 54700

Board of Health, City of Baltimore,

Permit No. 54700

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hudson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 or 48 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Whitewasher & whitewasher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number} No. 11 South St.

Cause of Death First, (Primary,) ...

Second, (Immediate,) Inflammation of Bladder & Urethra

Duration of last Sickness, About one Month

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Feb 7 1882

Undertaker, William Dorsey

Place of Business, No 62 East Shar

J. Shue Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4. February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adah L Jaspes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 7 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 694 W. Saratoga St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Laryngitis complicated

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenbeck Cemetery

Date of Burial, Feb 7 1882

L. L. Dyer M.D.,

Medical Attendant.

Undertaker, William Dengue

Place of Business, No 62 East Street *Address,* 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37702 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine E. Moran

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* Four *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 119 South High St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Whooping Cough

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial St. Patricks

Date of Burial, Feby 7th 1882

Undertaker, M. Clarkson

Place of Business, 614 E Balto

..... M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32703 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Richards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1/2 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 Walnut Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pthisis

Duration of Last Sickness, 1 Years

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem'y

Date of Burial, Feb 7th 1882

Undertaker, Fred'k Kerchner

Place of Business, Address, Comm'r of Health & Register

Samuel A Steuart M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Examd. B. D. 98 [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FILED BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louza Douglass

Sex; Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 20 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant Girl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 49 Bruce st

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 8

Undertaker, S. W. Chase

Place of Business, 1988 Harford Av

H. L. Shepherd M. D.
Medical Attendant.

Address, 705 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54703 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 C 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adel Enals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #36 Morris-alley.

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms.

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 7th 1882.

Undertaker, W. Jas Gray

Place of Business,

[illegible] M. D.,

Address, Commissioner & Hooper

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57706 *Office of Registrar of Vital Statistics.* Ward 11 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 8 1882 BALTIMORE

Date of Death, Feby 6 = 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John machen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Africa

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} * 72 Hargrove alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Feby 7-1882

Undertaker, W. W. Madden

Place of Business,

James A Steuart M. D.,

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in ~~cases of~~ births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 34707 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eudora Harper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 26 Forest Place

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 8th 1882

Undertaker, E R Garman

Place of Business, 38 Eutaw St

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 57708 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] filed by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 C 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie E Owens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 25 Warren ave

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Lundenwood

Date of Burial, Feby 9 82

Undertaker, Augustus Dietz

Place of Business, No 268 Light St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea E. Stiebing

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Female

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 33 Claret Alley

Cause of Death {First, (Primary.) Membranous Croup
Second, (Immediate.) Asphyxia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelic Cem.

Date of Burial, February 8. 1882

Wm Gruber M. D.
Medical Attendant.

Undertaker, H. Snyder & Son.

Place of Business, 252 Canton Ave. *Address,* 1701 W. Hoch 1st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52710 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret C Kelm

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 228 C View St

Cause of Death, First, (Primary,) Cancer Uteri

Second, (Immediate,)

Duration of Last Sickness, confined to room 4 months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Feby 10th 1882

Undertaker, John Lake

Place of Business, 161 E Balto St

Elias C. Price M. D.

For Dr Mc Hammond Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54711 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Link

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* / *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 890 Pratt st

Cause of Death, First, (Primary,) Heart disease, most probably

Second, (Immediate.)

Duration of Last Sickness, Died almost instantly

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, February 9

Undertaker, J. Thos. J. Smith & Co.

Place of Business, Central Ave. *Address,* 219 N. Gilmor st

James Bailey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57712 *Office of Registrar of Vital Statistics.* Ward 14"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Turner Durall's

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* Six weeks ~~*Months,*~~ ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 14 Vine Street

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give street and number.} No 14 Vine Street.

Cause of death, First, (Primary,) Inflammation of mucous membrane of nose extending to glottis

Second, (Immediate,) Odaema of Glottis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9 - 1882

Undertaker, W W Madden

Place of Business, 76 East 8th

Chas. E. Wings M. D.,
Medical Attendant.

Address, 224 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Civish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 10 or 12 Years

Place of Death, {Give street and number.} S. M. Hamillen & Co's Coal Pier #14 Locust Point

Cause of Death, First, (Primary.) Killed by the Accidental breaking & falling from Second, (Immediate.) of the above named Coal Pier

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, February 8

Undertaker, H. Dippel

Place of Business, 1 Bond St

R. A. Bell M.D.,
Medical Attendant.
Coroner 2d Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52714 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kiszner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 445 Albemarle St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb. 8th

Undertaker, Wendell & Gist

Place of Business, 1 Bond St. 157

James E. Smith M. D., Medical Attendant.

Address, 299 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa C. Barnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 18 Jordan ale

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, about Two weeks Cont. Twenty four hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 7th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

_____ M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54716 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretha Neubauer

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 22 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany (Bavaria)

Duration of Residence in the City of Baltimore, 9 Months.

Place of Death, { Give street and Number. } Belair Ave near Washington Pr

Cause of Death, First, (Primary,) Typhoid fever.

Second, (Immediate,) 11 Twelve Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, Feb. 9th 1882

Undertaker, Adam Finis

Place of Business, 461 N. Gay *Address,* 94 S. Broadway

A. F. Eich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52717 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schaffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight (8) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 130 N Caroline Street

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February ninth

Undertaker, Gilming

Place of Business, Orleans St. *Address,*

S. Woblow *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 7 1 7 1 8 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gallagher

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 37 York st

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb. 8th 1882

Undertaker, C. Fitzhause

Place of Business,

H H Webster M. D.,
Medical Attendant.

Address, 87 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} St Marys Orphan asylum

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 8th 1882

Undertaker, Hellen Justice & Son

Place of Business, 75 N Chas St

F. E. Chatard M. D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Caroline Fischer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 184 Hamburg St.

Cause of Death {First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,) Adynamia

Duration of last Sickness, 2½ Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Feb 8 — 82

Undertaker, H Doyle

Place of Business, Hanover St

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54721 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Feb. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Murphy

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, During last 14 yrs

Place of Death, {Give street and Number.} 180 Saratoga St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Feb 9

Undertaker, C W Blizzard

Place of Business, 201 Eden Ave

F. P. Keller *M. D.,*

Medical Attendant.

Address. 85 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52722 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Connish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 569 Monroe

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 8

Undertaker, H Ross

Place of Business, 95 Conway St

C. W. Dodge M. D.
Medical Attendant.

Address, 208 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54723 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Furgerson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 333 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, Feb 9th

Undertaker, F. N. Toole

Place of Business, 31 Hanover St *Address,* 146 Hanover St

Hendrick M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 524724 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Läumlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 9 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany 10 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Forrow St

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy Asthma

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Germin Letter Druid hill

Date of Burial, Feb. 8th 1882

Undertaker, Adam Weidemeyer

Place of Business 518½ W. Baltimore Str. *Address,*

A K Arnold M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64725 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 5 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Veit Hoffman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Basket Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and Number. } 217 S Bond

Cause of Death, First, (Primary,) Consumption

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Ev. Evangelic Cem.

Date of Burial Feby. 8. 1882

Undertaker, H Sander & Son

Place of Business, 252 Canton Ave *Address,*

A. Arnold *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 54726

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 55 Chestnut St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 8, 1882

Undertaker, William Singer

Place of Business, 62 East St

E. B. Tandy M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54727 *Office of Registrar of Vital Statistics.* Ward 19 4 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zaccariah H Lickey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Architect

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N York.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} ~~1st Floor~~ 112 Edwin Say Ave

Cause of death, First, (Primary,) Phthysis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Feby 9th 1882

Undertaker, D E Honyhal

Place of Business, 320 Penn Ave

Medical Attendant. M. D.,

Address, 186 N Kyth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 54728 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N. 7 Ca Calvert & Fayette

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co Mo

Date of Burial, Feb 9 1882

Undertaker, John McInnis

Place of Business, 30 Columbia St *Address,* 17 Calvert

C J Gutsh *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus E. Clayton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} Penn - Avenue No 469

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Feby 9 82

L. S. Sparrow *M. D.*
Medical Attendant.

Undertaker, Whitehurst

Place of Business, 426 Pac. *Address* 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret ~~Early~~ Riley.

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 78 *Years,* — *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 43 S Washington St

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ground Rhoda Road

Date of Burial, Febry 9- 1882

Undertaker, D Ehrmantraut

Place of Business, 65 S Broadway

W Starr M.D.
Medical Attendant.

Address, No 16 N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City

Permit No. 574731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* The Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wainwright Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 255 N Sarah[illegible] St

Cause of Death, First, (Primary.) Pulmonitis and Chronic Gastritis

Second, (Immediate.)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 9th 1882

James Smith M.D.,
Medical Attendant.

Undertaker, Duncan Fairfield

Place of Business, 507 W Baltimore

Address, No 14 S Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City ...

Permit No. 24732 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly V. Collin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 2 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 25 China St.

Cause of Death, First, (Primary.) Hereditary Tubercular Meningitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 9

Undertaker, Hercules Ross

Place of Business, 95 Conway St

T. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of

Permit No. 57733 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ripman

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* 3 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 Rodgely St

Cause of death, First, (Primary,) Confluent Small pox

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach, Germ.

Date of Burial, Feb 9th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,*

S Lucas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~Properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie I. Ellis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. ~~Md~~

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 115 Cookrell St. Locust Point

Cause of Death, First, (Primary,) Croup. Pneumonia

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 9

Undertaker, B. Hamill

Place of Business, 42 West St

L. R. Coales M. D.
Medical Attendant.

Address, 118 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54735

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Frisby

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None except crying

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 100 N Paca

Duration of Residence in the City of Baltimore, see life

Place of Death, {Give street and number} 100 N Paca

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) Convulsions

Duration of last Sickness, see life

All the above information should be furnished by the Physician.

Place of Burial, W. Port Cemetery

Date of Burial, Feb 9th 1882

Undertaker, H. A. Kershaw

Place of Business, ____

J R Uhler M. D.
Medical Attendant.

Address, 234 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City ...

Permit No. 54736 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Meyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 104 Warner St

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb 9 82

Undertaker, H Bailey

Place of Business, Hanover St 84

J. C. Busch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City

Permit No. 32737 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ethie R. V. Hartlow

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Center

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 142 Columbia Ave

Cause of Death, First, (Primary,) Pulmonary Congestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 10th 1882

Undertaker, John S. Thacher

Place of Business, No 150 Canden St

Jno S Mackall M. D.,
Medical Attendant.

Address, 168 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City

Permit No. 57738

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis P. McCarthy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, abt 7 Years

Place of Death, {Give street and number.} 246 S. Durham St

Cause of Death, First, (Primary.) Heart Disease (Suppose)

Second, (Immediate.) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 9th 82

Chas. H. Mosh M.D.,
Coroner
Medical Attendant.

Undertaker, G. France

Place of Business, Fan & Wolfe St. *Address,* 62 N Bath St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of [illegible]

Permit No. 67739 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th Feby, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Wyatt

Sex, Male or Female, {Cross ont the word not required in this line.}

Age, 52 40 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross ont the word not required in this line.}

Occupation, Oyster measurer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va. ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Hughes n

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Vault Loudon Park

Date of Burial, Sunday 12th July /82

Undertaker, Forler

Place of Business, 482 West St

F. W. Nebzle M. D.,
Medical Attendant.

Address, 67 Bassin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City

Permit No. 52740

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. Mariner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~~~~

Place of Death, {Give street and number.} 22 Lee Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Olivet Cemetery

Date of Burial, February 10

Undertaker, B. Hearle

Place of Business, 42 West St.

H B Noble M.D.,
Medical Attendant.

Address, 50 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52741 *Office of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Day

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 258 Carey

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Febry 10

Theodore Cook M. D.,
Medical Attendant.

Undertaker, B. Hirle

Place of Business, 82 West St. *Address.* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 57742

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Munsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} S. Carolina

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Aneurism of thoracic Aorta

Second, (Immediate.) Rupture of aneurism

Duration of Last Sickness,

All the above informations should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, February 9

Undertaker, Patrick Mullin

Place of Business,

Ed B Goldsborough M.D.,
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5747 3 *Office of Registrar of Vital Statistics.* Ward 9 — 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7- 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Furnace

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Oysterman

Birthplace, {State or country and how long in the United States, if of foreign birth.} Md - Wicomico Co

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and Number.} Lutz Hospital

Cause of Death, First, (Primary,) Gunshot Wd - Abdomen

Second, (Immediate,) Peritonitis

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, E. Pcable Cem

Date of Burial, Feb 9 '1882

Undertaker, P. Mullen

Place of Business, — J. E. Arbuckle M. D., Medical Attendant.

Address, Lutz Hosp. —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Andrew Frederich

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 69 *Years,* 1 *Months,* ——— *Days.*

Color, White. *Sex,* Male.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 27 Essex str.

Cause of Death, First (Primary,) Cold.

Second (Immediate,) Dysentry.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery

Date of Burial, Fr 10th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

M. Leh, M. D.
Medical Attendant.

Address 75 S. Bond str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52745 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8 4 P.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Ament

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 2 *Days.*

Color, Or White

Married, Single, Widow or Widower, {Crose out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N. W. Cor. Chew & Wolfe Sts

Cause of death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Fr 10th 1882

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

James E. Smith M. D.,
Medical Attendant.

Address, 299 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57746 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 7 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M Lowe

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 *Years,* 6 *Months,* 22 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York city

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and Number. } 6 Hanover

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Asthma Dropsy

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Feb 9th 1882

Undertaker, James O Byrne

Place of Business, No 63 N Gren[illegible] *Address,*

J R Duncan M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37747 *Office of Registrar of Vital Statistics.* Ward 1 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Bartlett

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 42 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Wilmington

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number. } 1015 Eutaw

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, 10th of Feb.

Undertaker, Fred Goode.

Place of Business, 27 S. Caroline St. *Address,*

Wm. Keating, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57/7c/8 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Dressel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} N- 20 Hay st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, several hours, have seen the child only after it died.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 10th Inst

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline

L C Wiltenick M. D.,
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54749

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H Langhline

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 60 Clark St

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) " "

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 11th

Undertaker, Geo. Schilling

Place of Business,

Thomas O'Brien *M.D.,*

Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52758 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Doyle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 94 Dolphin St

Cause of death, First, (Primary.)

Second, (Immediate,) Pneumonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feby 11th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Edmund Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67757 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Joseph Mullen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 Baltimore Park Ave

Cause of death, First, (Primary,) Pneumonitis

Second, (Immediate,) Apnea

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb. 13th 1882

Undertaker, J. C. Schultz

Place of Business, 265 Aliceanna St. *Address,* 57 S Broadway

Medical Attendant. Eli Britton M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52752 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Elvine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 122 E. Lanvale St.

Cause of death, First, (Primary,) Mitral & Aortic Obstruction

Second, (Immediate,) Exhaustion & Sudden death

Duration of Last Sickness, Came 1 day before death

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, February 10, 1882

Undertaker, Henry Hecht

Place of Business, 309 Central Ave

C. Turnbull M. D.,
Medical Attendant.

Address, 1 E. Eager St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 24753

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda R. Bancroft.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Charleston S.C.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} 81 N. Gilmor.

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemy

Date of Burial, Feby 11th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

G K Tyler M.D.,
Medical Attendant.

Address, 187 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52754

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, February 8th 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sahm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 149 Gough St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy

Date of Burial, Feby 10th 1882

Undertaker, Denny & Mitchell

Place of Business, 625 S. Broadway

Nicholas L. Dutrieu M.D.,
Medical Attendant.

Address, 24 St. Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 7 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia A. Conaway

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Most of Lifetime

Place of Death, {Give street and number} 572 E. Chase St. City.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemy

Date of Burial, Feby 10th 1882

J. Finley Martin M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* Custer & Coffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 547

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Weigand

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (44 yrs in America)

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} No. 19 Liberty Ay.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St James Country

Date of Burial, Feby 11th 1882

Undertaker, Henry Hecht

Place of Business, 309 Park Ave

Oscar J. Hoskins M. D.
Medical Attendant.

Address, 188 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57757

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febru 8 1882 Baltimore Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colard

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Day Man

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} No 11 Hall Lane

Cause of Death, First, (Primary.) old Ages

Second, (Immediate.) + Colic

Duration of Last Sickness, one Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 9 1882

Undertaker, W M Chase

Place of Business, 104 Howard St

P Mount *M.D.,*

Medical Attendant.

Address, No 34 Saint St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52738 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Robertson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty four *Years,* *Months,* twenty *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hatter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wicomico Co. Md.

Duration of Residence in the City of Baltimore, twenty eight years

Place of Death, {Give street and number.} 198 S. Broadway

Cause of death, First, (Primary,) Catarrh

Second, (Immediate,) Laryngitis

Duration of Last Sickness, fourteen years

All the above information should be furnished by the Physician.

Place of Burial, Wicomico Co Md

Date of Burial, Feb 12th 1882

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

Walter Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Penalty $25 00 [OVER.]

Board of Health, City of Baltimore,

Permit No. 52759

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Francis Dewitt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ~~Months~~, ~~Days~~.

Color, White

Married, ~~Single~~, ~~Widowed~~, {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 403. Canton Ave

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy.

Date of Burial, Feby. 11. 1882

Undertaker, H. Sander & Son.

Place of Business, 252 Canton Ave

Thomas R. Evans M.D.,
Medical Attendant.

Address, 22 Lee Ken Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52760 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 38 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and number.} 252 N. Gay St.

Cause of death, First, (Primary,) Miscarriage 2d month Hemorrhage &

Second, (Immediate,) Acute Cerebral Congestion

Duration of Last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Feb 12/82

Undertaker, Rau & Bartell

Place of Business, 621/2 W Balt St

E. E. Klein M. D.,
Medical Attendant.

Address, 252 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32761

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10 th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. R. Litchfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} No. 80 S. Sticker St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 2 Months

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Feb. 12 1882

Undertaker, J. B. Cook,

Place of Business, 707 W. Baltimore St,

Chas. H. Tuft M.D.,
Medical Attendant.

Address, 306 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Hebron

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* 0 *Months,* *Days.*

Color, Dark Mour

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} No 7 Union St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate) Chronic Infl of Stomach & Bowels

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Wash[illegible] Cemetery

Date of Burial, Feb 10th 82

Undertaker, Jno H Perkins Jr

Place of Business, 130 Hanover St

[illegible] M.D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 547763 *Office of Registrar of Vital Statistics.* Ward 9 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dolman & Mary Ridgely

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Parents

Age, ____ Years, ____ Months, 1/12 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 53 St. Paul St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1/2

All the above information should be furnished by the Physician.

Place of Burial E. Public cmty

Date of Burial, Feb 10th 1882

Undertaker, P. Mullin

Place of Business,

James A Clemm M. D.,

Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by B. Sick

[over.]

Board of Health, City of Baltimore,

Permit No. 54764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Feb 9th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orville Fisher

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, about Twenty Yrs

Place of Death, {Give street and number.} 69 Jasper St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Tuberculan Pneumonitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 1882

Undertaker, Hy W. Mears

Place of Business, 45 N. Gay St

[signature] M.D.,

Medical Attendant.

Address, 51 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52765 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Holton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 33 N Sharp St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, February 10th 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 39 N Carey St.

Thomas Opie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54766 *Office of Registrar of Vital Statistics.* Ward 17

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Krohl

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 353 S. Charles St

Cause of Death, First, (Primary,) pneumonia

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 16 days

All the above Information should be furnished by the Physician.

Place of Burial St. Aloysius Cemetery

Date of Burial, Feb 11th

Undertaker, B. Hartle

Place of Business, 52 Hanover

Herman Coppe M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54.767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mike Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 45 Aleys alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pitters Cemetery

Date of Burial, February 11

Undertaker, B. Hoole

Place of Business, 42 West St

J. K. Wilson M.D.,

Medical Attendant.

Address, 165 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54,768

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Reynolds Ramb
Aldrich Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Williamson Pl

Cause of Death, First, (Primary.) unknown

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Febru 10.

Undertaker, B. Frank.

Place of Business, 452 West Balt. St.

H C Babb M.D.,
Medical Attendant.

His child was not named. the Lady was attended by Midwife
Address, since I have no Report from her

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, F. 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miriam C. Bowen

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 428 Orleans St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11 82

E. L. Bowen *M. D.*
Medical Attendant.

Undertaker, Fry Bro

Place of Business, 51 W Broadway *Address,* 375 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 54770

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb. 8th - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Edwards -

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black -

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto - City.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 8 Whatcoat - St -

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feby 10. 1882

Undertaker, William H Dugee

Place of Business, 62 East St

R. H. Goldsmith — *M.D.,*

Medical Attendant.

Address, Baltimore and Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32477

Office of Registrar of Vital Statistics.

Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 14 Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 22 Douglass St

Cause of death, First, (Primary,) Accidental

Second, (Immediate,) Suffocation probably

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 10. 1882

Undertaker, Wm M Dugee

Place of Business, 62 East St

[illegible] M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52772

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benitta Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cecil.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 Robert St

Cause of Death, First, (Primary.) Subacute Meningitis

Second, (Immediate.) After.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 9 1882

Undertaker, S W Chase

Place of Business, 198 Howard

J. E. Atkinson M.D.,

Medical Attendant.

Address, Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54773 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Owens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 38 Pine St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] St Cem

Date of Burial, Feb 12

Undertaker, John H Owens

Place of Business, 16-2 Lee St

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ALMS DEPARTMENT FEB 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall Watkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Smith St

Cause of Death { First, (Primary,) Spinal disease
, { Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 9 82

Undertaker, Alf Hennes

Place of Business, 116 exchange

L. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57775 *Office of Registrar of Vital Statistics.* Ward 15 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb, 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Gaines

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 3 *Months,* ~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 49. Williamson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial Western Pub Cem

Date of Burial, Feb. 10 - 1882

Undertaker, Fred. A. Leachman

Place of Business,

Thos. H. Elmes M. D.,

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex'd Wm. A. Fleming

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54776 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edw France

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 5' S Warren ave.

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,) .....

Duration of Last Sickness, 3 mts.

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Feb 11. 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R H P Ellis M. D., Medical Attendant.

Address, 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2823 Franklin

[over.]

Board of Health, City of Baltimore,

Permit No. 54777 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Filled Certificate.

HEALTH DEPARTMENT FEB 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Yoe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary.) Pulmonary consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 mo

All the above information should be furnished by the Physician.

Place of Burial Pimlico [illegible]

Date of Burial, Feb 11 '82

Undertaker, W. Duffy

Place of Business, 131 S Bond

J. E. Arbuckle M. D.,
Medical Attendant.

Address, City Hosp. —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52778

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Reitar Burkard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 80 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 57 S. Regester st

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, Feb 11th

Undertaker, [illegible]

Place of Business, 151 S Bond

James J. Duvall M.D.,
Medical Attendant.

Address, 57 S Regester

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 57779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Kate Ackman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 2 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 23 days

Place of Death, {Give street and number} No 26 Stockton

Cause of Death {First, (Primary.) Pneumonia

{Second, (Immediate,) Asphyxia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 10 1882

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

Frank J. Flannery M. D.
Medical Attendant.

Address, N.E. Cor. Wilkins & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5[illegible]

Board of Health, City of Baltimore,

Permit No. 57780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... TO ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Kennard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hochelaga Co.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number} 61 Hochelaga St.

Cause of Death, First, (Primary,) Pneumonitis.

Second, (Immediate,) Acute Bronchitis.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Shyo. R. Cemetery

Date of Burial, February 11

Undertaker, H Ross

Place of Business, 95 S. Gilmor St.

A. G. Watts, M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John August Liessmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 years *Years,* 5 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 223, E. Broadway

Cause of Death, First (Primary,) "

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 12th

Undertaker, Fred Goede

Place of Business, No. 24, S. Caroline St.

Thomas Wenner M. D.
Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57782 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McCahey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } # 368 Aisquith St

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial Friends Cemetery Harford Road

Date of Burial, Feb 12th

Undertaker, George Schilling

Place of Business,

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 32783 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is respousible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Ryan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 48 Preston

Cause of death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) —

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 13th 1882

Undertaker, Chas T. Semmes

Place of Business, 271 W Eutaw

Chas Lane Tanyhill M. D., Medical Attendant.

Address, 129 W Bedford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52784 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

HEALTH DEPARTMENT FEB 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 646 W Baltimore St

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial ~~646 Feb 12th W Balto~~ Oak Grove

Date of Burial, Feb 12th

A. D. Smoot M. D.,
Medical Attendant.

Undertaker, Andrew J & Hodges

Place of Business, 486 Druid Hill Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 52785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Phillips.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 E McKeldin

Cause of Death, First, (Primary.) Strangulated Femoral Hernia,

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 12 1882

Undertaker, E A Carman

Place of Business, 38 Eager St

J. Hilderbrand *M.D.,*

Medical Attendant.

Address, 182 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th "82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Batt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} 417 West Lombard St

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Pleurisy

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 12th 1882

Undertaker, J. B. Cook

Place of Business, 707 N. Baltimore St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32787 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Anne Corver~~ February 10. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Corver

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Trenton N. Jersey

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 60 Barre

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial London Park Cty

Date of Burial, Feby 13th 1882

Undertaker, John Slacher

Place of Business, No 150 Conduit

Theodore Cotton M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52788 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Rumney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 170 S. Paca St

Cause of death, First, (Primary,) Injury

Second, (Immediate.) Traumatic Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 12th 1882

Undertaker, John S Keelan

Place of Business, No 180 Lombard

John Neff M. D.,
Medical Attendant.

Address, 304 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 52789

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Colbert

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give street and number. } 85 Richmond St

Cause of Death, First, (Primary.) Acute Gastritis

Second, (Immediate.) Shock

Duration of Last Sickness, ~~Two~~ Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11. 82

Undertaker, A. J. Themsley

Place of Business, 116 Orchard St

W W Austin M.D.,
Medical Attendant.

Address, 172 Pearl St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 524790 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schaub

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 2 *Months,* 7 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Koenebach Germany / 29 yr

Duration of Residence in the City of Baltimore, 29 yr

Place of Death, {Give street and number.} Hill & Sharp

Cause of death, First, (Primary,) Cancerous stricture of Oesophagus

Second, (Immediate,) Inanition

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12.

Undertaker, Ernst Schlaman

Place of Business, 200 Sharp St *Address,*

A Shuter *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57491 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Ruddell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 15 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 156 E. Monument St.

Cause of death, First, (Primary.) Catarrhal inflammation of Lungs & windpipe Duration

Second, (Immediate,) Exhaustion from high Temperature

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, February 12, 1882

Undertaker, Wm H Huckman

Place of Business, 234 N. Gay St.

Wilmer Barnlow M. D.,
Medical Attendant.

Address, 25 ½ Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32792 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Harris

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} S. W. Cor. Balt. & Bethel Sts

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Hulah Road M.E. Cem

Date of Burial, Feby 12" 1882

Undertaker, Kemp & Mitchell

Place of Business, 658 Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 57793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. Donnick Quinn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 30 *Days.*

Color, Wright

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md Life

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and number.} 37 St Paul

Cause of Death, First, (Primary.)

Second, (Immediate.) Diarrhea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 11th 1882

Undertaker, Patrick Mullin

Place of Business, ~~—~~ *Address,* 127 St Paul

T. J. Ward M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 57794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Allen Dobbin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 years ~~2 days~~ *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} Stricken St 386 (W)

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Marasmus

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 13/82

Undertaker, Fryer

Place of Business, 819 Broadway

J Bacon M. D.
Medical Attendant.

Address, Cor Argyle ave & Hoshen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57795 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jane Bowman~~ Feb 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bowman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, About 60 *Years,* *Months,* *Days.*

Color, Colored Sex, Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Elbow Lane

Cause of Death, First (Primary,) Heart-Disease.

Second (Immediate,)

Duration of Last Sickness, For years I expect. I have been attending her for rheumatism & gout.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 10 1882

Undertaker, H W Chase

Place of Business, 198 Howard St Address 152 Madison St

W. D. Booker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Balt.

Permit No. 57796 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1882

Full Name of Deceased, {Write logibly and spell corrootly. If an Infant not namod, give names of parents.} Robert H. Manion

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City " "

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 326 Hamburg,

Cause of Death, First, (Primary.) Pneumonia, ✓

Second, (Immediate.) "

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Balt. Cemetery

Date of Burial, Feb 11th 1882

Undertaker, J. A. Kirchner

Place of Business, 50 S. Carrollton a

D. A. Bell M.D.,

Medical Attendant.

Coroner Le Dèr

Address 161 So Stanjust

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No: 57797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Burnette Dickerson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 60 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ascomac Co. Va.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 26 Sterrett St.

Cause of Death, First, (Primary,) Pulmonary Phthisis,

Second, (Immediate,) Pneumonitis,

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13 Februar

Undertaker, F. Boehme

Place of Business, 26 Sterrett St

A. G. Watts, M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57798 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Nursery and Child's Hospital

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) —

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 11

Undertaker, C. W. Blizzard

Place of Business, 201 Penn Address

J. F. Bruns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Balt...

Permit No. 54799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary the 8 1882 Baltimore City, Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judea Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colord

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washing & Ironer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} South Carlina

Duration of Residence in the City of Baltimore, one Years

Place of Death, {Give street and number.} No 237 Lo Eutaw St Baltimore md

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Pulmonitis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laril Cemetery

Date of Burial, February 12

Undertaker, H Ross

Place of Business, 95 Conway St

[signature] *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 7 4 8 0 0 *Office of Registrar of Vital Statistics.* Ward 2 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Avesser.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co. Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 99 Lancaster St

Cause of death, First, (Primary,) Aortic Stenosis & Pulmonary Consumption

Second, (Immediate,) Cardiac Thrombosis

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 12th 82

Undertaker, G. Frazer

Place of Business, Barnd & Wolf's Co. *Address,* 17 S. Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52801 *Office of Registrar of Vital Statistics.* — Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pachta

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia (12 yrs in America

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Compd. Fract. left Thigh & other injs.

Second, (Immediate,) Acute Traumatic Delirium

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb. 12th 82

Undertaker, G Frazer

Place of Business, Park & Wolfe Address, 188 E Conts.

Oscar J. Marx M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52/802 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 9th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Schultheis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} Belair Ave

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Collapse

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 12th 1882

Undertaker, H Rossing

Place of Business, 196 E Balto

J Hatrick M. D., Medical Attendant.

Address, 24 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 57803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sally Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 13th 1882

Undertaker, F. Lehris Schaefer

Place of Business, 109 N Fremont St

C. Fawcett M. D.
Medical Attendant,

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 52804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Heaton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 — *Years,* 6 — *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 179 Division St.

Cause of Death, First, (Primary,) Nervous Exhaustion

Second, (Immediate,) Paralipsis of Pneumogastric.

Duration of last Sickness, Several mos. Confined one week

All the above information should be furnished by the Physician.

Place of Burial, Father Linen's cemetery Bal co

Date of Burial, 13 Feb

Undertaker, C H Bloxsom

Place of Business, 201 Pine

Alfred Hanstall M. D.
Medical Attendant.

Address, 228 N Eutaw -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52805 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennie Waters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 124 New Church St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 12th Feb 1882

Undertaker, Samuel F Chase

Place of Business, 192 Eastern Ave

Whitfield Mussey M. D.,
Medical Attendant.

Address, 116 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52806

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. P. Butler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* —— *Months,* —— *Days.*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} 20 Jenkins al.

Cause of Death, First, (Primary.) Tuberculosis Pulm.

Second, (Immediate.) Asthenia

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 11th Feb 1882

Undertaker, Samuel W Crane

Place of Business, 128 Eastern Ave

E B Bruton *M.D.,*

Medical Attendant.

Address, Homers Free Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Tolefson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1 Wilmer alley

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md

Date of Burial, Feb 2 th 1882

Undertaker, C. P. Chase

Place of Business, [illegible]

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Marlin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 574808

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 10 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William T. Bunting

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 418 W. Fayette St.

Cause of Death, First, (Primary.) Congestion of Lungs

Second, (Immediate.)

Duration of Last Sickness, Complaining 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 12 1882

Undertaker, S. M. Leonard & Co

Place of Business, W. Balto St

J. Shelton Hill *M.D.,*

Medical Attendant.

Address, 432 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52809 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Scarborough.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 131 York St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, About 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Shars Cemetery

Date of Burial, Feb 13th 1882

Undertaker, Jacob Jans

Place of Business, 103 E. St

J. B. White M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Glenn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* 23 *Days.*

Color, white *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 20 Read St

Cause of Death, First (Primary,) Disease of Brain

Second (Immediate,)

Duration of Last Sickness, I attended deceased 48 hours before death for the first time

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 13th February 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

L. McLane Tiffany M. D.
Medical Attendant.

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Balto.

Permit No. 52811 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 4 Little Pine St

Place of Death, {Give street and number.} Disease not known

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Spasm

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, Feby 12 1892

Undertaker, William A Dwyer

Place of Business, 62 East St

W M Martin *M.D.,*
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 52/812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Smith Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* 1 *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washer & Ironer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 21 Carlton Street

Cause of Death { First, (Primary,) Hypertrophy of the Heart
Second, (Immediate,) Dropsy }

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12. 1882

Undertaker, William H Lingee

Place of Business, 62 East St

P. S. Field M. D.
Medical Attendant.

Address, 507 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 57813

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } unknown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, died shortly *~~Years~~,* after birth *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } found in rear of 86 Harrison St

Cause of Death, First, (Primary.) unknown

Second, (Immediate.) "

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, G. P. Cemetery

Date of Burial, February 11

Undertaker, Patrick F Mullin

Place of Business,

Edw D Wm altze *M.D.,*

Medical Attendant

Address, Comm no 5

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57481 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give street and number. } 1146 E. Lombard St

Cause of death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Magnolia Hartford County

Date of Burial, Feb. 13th 1882

Undertaker, G. Frazer

Place of Business, Bank & Wolfe St. *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 25 Cts G Frazer [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 52815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 10th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Thompson.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 29. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bookbinder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 54 N. - Fremont St.

Cause of Death { First, (Primary,) Phthisis / Second, (Immediate,) Do.

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 13 1882

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St

J. Bacon M. D.
Medical Attendant.

Address, Cor Argyle ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52816 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa R Steir

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elkridge Landing Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 300 Ramsey st

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 3 or 4 minutes

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Feb. 13 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,*

Alex Tinsley M. D.,

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67817 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Pratt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 14 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 56 Josephine st Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 16 Sarah Ann st.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia & Croup

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 12

Undertaker, John H. Owen

Place of Business, 152 Lee st *Address,* No 134 Lancaster

Jas. S. Tull's *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57818 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th of Feb. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert H. Wirth

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 18 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,* male

Married, Single, ~~Widow or Widower.~~ { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and number. } 103 Pierce st

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery. J. W. Holdsman M. D.

Date of Burial, 13th of Feb at 3 o'clock. Medical Attendant.

Undertaker, John G. Kohlhepp.

Place of Business, 305 Franklin St. *Address* 120 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57819 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 12. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Weber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 448 w Baltimore str

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14 th 1882

Undertaker, John Teufel.

Place of Business, No 776 w Balto st

John J. Fitzgerald M. D., Medical Attendant.

Address, 160 Saratoga str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 57820 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Armstrong

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Cambridge St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 12 1882

Undertaker, N. F. Curran

Place of Business, 53 S. Broadway

G. W. Link M. D.,
Medical Attendant.

Address, 392 E. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt...

Permit No. 52482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Krammer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, Fifty-four *Years,* Four *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} 316 N. Pratt St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Coma

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Kellman Cemetery

Date of Burial, Feb 13th 1882

Undertaker, J. E. Egan & Co

Place of Business, 641 W. Balto St

D E Lancy H Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54822 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frubauf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ~ 14 years in US

Duration of Residence in the City of Baltimore, ~~14 years~~ 14 years

Place of Death, {Give street and number.} 34 E Pratt

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis probably

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cornet

Date of Burial, Febr 14th 1882

Undertaker, Peter Frey

Place of Business, 91 Eden av

Edmund Rorralka M. D.,

~~Medical Attendant.~~

Address, Corner M P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52182 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

Date of Death, Feby 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Bradford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 18 & Wm St

Cause of death, First, (Primary,) Trismus Nacentum

Second, (Immediate,) Spasm

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 14. 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 310 Light St

H. F. Ellis *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ...n who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...t hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ... be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...ath, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 52484 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Weller Graham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4. *Years,* 8 *Months,* 25 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 400 E. Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 400 E. Charles St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Anemia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tuesday at 2 Oclock

Geo. W. Benson M.D.,
Medical Attendant.

Undertaker, Krause — Chas. F.

Place of Business, Hanover Street *Address,* 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57825 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 12th February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas E Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Warren av

Cause of death, First, (Primary,) Myelitis

Second, (Immediate,)

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14th

Undertaker, J. N. Troll

Place of Business, #131 Hanover St

H W Welbert M. D.,
Medical Attendant.

Address, 57 Bauer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 57826

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or former, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Feb 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johny Gustof Klein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 211 West Ebut

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, February 14

Undertaker, B. Thurl

Place of Business, 82 West St. *Address,* 155 Hanover St

C. Klein *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32827 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca J Wentz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation, Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 5 L Stuart St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 or 8 Hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 14th 1882 } Jno D Blake M. D.,

Undertaker, Wm J Tirrell } Medical Attendant.

Place of Business, 65 S. Eutaw } *Address,* 168 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32828 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

Date of Death, February 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 355 Shurs St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, Feb 14th 1882

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw *Address,* 146 Hanover St

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Claridge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery

Date of Burial, February 13

Undertaker, Patrick Mullin

Place of Business,

Chas. B. Goldsborough M.D.,
Medical Attendant.
U. S. Asst. Surg. U.S.A.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52830 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 12, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Farwell

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 172 Howard St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14th 1882

Undertaker, David H. Chaney

Place of Business, 185 S. Howard St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 52/831 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Madden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40 Constitution

Cause of death, First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia, Exhaustion

Duration of Last Sickness, 6 weeks, I only saw her day before death

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Feb 14 1882

Undertaker, James S Byrne

Place of Business, No 63 S Front St

Geo Lynch M. D.,
Medical Attendant.

Address, Calvert Buildings

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 7/832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann C. Richardson

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W.

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number} 432 E. Eager St.

Cause of Death First, (Primary,) Cardiac Hypertrophy

Second, (Immediate,) Dropsy

Duration of last Sickness, 5 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14th 1882

H. F. Reynolds M. D.
Medical Attendant.

Undertaker, Thos L Hughes

Place of Business, 418 E Balto *Address,* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27833 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 Feb 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Mary Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 1 Hour *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 6 Parish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Parish alley

Cause of death, First, (Primary,)

Second, (Immediate,) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feby 14th 1882

Undertaker, John E Conghlin

Place of Business, 320 Bond Ave

Wm H Farnandis M. D.,
Medical Attendant.

Address, Patterson Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52,834 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13. 8. a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Summet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, day Laber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany"

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and number.} 13. Bradfort St.

Cause of death, First, (Primary,) Peri: Carditis

Second, (Immediate,) Hydrops Cardii

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Febr 14th 1882.

Undertaker, Peter Frey

Place of Business, 91 Eden Av

John S. Fitzer M. D.,
Medical Attendant.

Address, 760. Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32835.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th February 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Allen.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty Seven (87) *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore of Maryland.

Duration of Residence in the City of Baltimore, Sixty three years.

Place of Death, {Give street and number.} 204 Asquith St. Baltimore.

Cause of Death, First, (Primary.) Old Age & General Debility

Second, (Immediate.) Bronchorrhea

Duration of Last Sickness, Two & Three years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, February 14. 1882.

Undertaker, Wm. H. Hickman.

Place of Business, 234 N. Gay St.

W. E. Van Bibber for Chas. Lawrence M.D.,

Medical Attendant.

Address, 417

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.° Co.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 199 Druid Hill Ave.

Cause of Death, First (Primary,) Senile

Second (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feby 14th 1882

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address*

H. Thorn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 13
1882
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary N. Money

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 150 Saratoga St City

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, Under my care Sept 1881 Sick, 12 Mos before

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemy

Date of Burial, Feb 1882

Dr. R. A. Hilliard M. D.
Medical Attendant.

Undertaker, J. F. Byrne

Place of Business, 59 Liberty St *Address* 71 W Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52/838 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REC'D FEB 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Jones

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, Feb 14th 1882 Thos A Steen M. D.,

Undertaker, Saml W. Chase Medical Address

Place of Business, S. Howard St *Address,* Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over [OVER.]

John T. Dursing

Board of Health, City of Baltimore,

Permit No. 52839 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Murray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 162 N. Chapel St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Sarrit Cemetery

Date of Burial, Feb 13- 1882

Undertaker, Wm Madden

Place of Business, 41 East 8th

J. J. Gwinn, M. D.,
Medical Attendant.

Address, 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 524840

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Dibbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 50 Years

Place of Death, {Give street and number.} 21 S. Calhoun St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Emphysema

Duration of Last Sickness, About Six Mths —

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, February 14th 1882

Undertaker, James D Byrne

Place of Business, No 63 N Strong St

W R McKeen M.D.,

Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57841 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Abrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give street and Number.} 204 Sharp St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 14th 1882

Undertaker, J. B. Cook.

Place of Business, 707 W. Baltimore St. *Address,* 206 Sharp St.

W. S. Gage *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Hussey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Hypertrophy of the Heart

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Feb 13 1882

Undertaker, J. F Byrne

Place of Business, 59 Liberty St *Address* 144 Aisbury St

J. H. Butler *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57843 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

Date of Death, February 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Denby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* Ten *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life ✓

Place of Death, {Give street and number.} 11 Comb Alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 14

Undertaker, H Ross

Place of Business, 75 Conway St

Belinskall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57844 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo T. none given Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Male Parents Louisa

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 96 Portland

Cause of Death, First, (Primary,) Laceration

Second, (Immediate,) Lacerated Bowels

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, Feb 14

Undertaker, B Peale

Place of Business, 82 West St

Thos Scott M. D.,
Medical Attendant.

Address. 323 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Keyes Hyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Captain U. S. A (Retired)

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wisconsin

Duration of Residence in the City of Baltimore, 1½ Years

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Heart Desease (Mitral Valves)

Second (Immediate,) Oedema of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul. Minnesota

Date of Burial, Leave Balto. 14th Feb. 82

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, Henry C. Jenkins & Son

Place of Business, 75 N. Charles St

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2525 Hanover

Board of Health, City of Baltimore

Permit No. 32846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. Brown,

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 85 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, Watchmaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, { Give street and number. } No 106 N. Paca St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Febry. 14th 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* No 2 Cathedral St

H. Jenkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52847 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy D Hardy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 877 West St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shadyside Cem'y

Date of Burial, Feb 14th 1882

Undertaker, Duke Lamb

Place of Business, 13 Lee St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt.

Permit No. 37848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret A. Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Assistant Superintendent in Shop

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 246 Lemmon st

Cause of Death, First, (Primary.) Nasal Hemorage

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 days 03

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Thursday 16th

Undertaker, Wm B. Hark 82 West st

Place of Business, 82 West st

F. A. Allen M.D.,
Medical Attendant.

Address, 165 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574849 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sampson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Forty one *Years,* Five *Months,* nineteen *Days.*

Color, Cd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number.} 3 Youngs Court

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) exhaustion

Duration of Last Sickness, 2½ years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 14th 1882

Undertaker, Wm. H. Dingee

Place of Business, 62 East St

Walter Way M. D.,
Medical Attendant.

Address, 3 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 52857 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Tiglman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 22 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 168 Stirling St

Cause of Death. First, (Primary.) Congenital Brain Malady

Second, (Immediate.) Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 14 1882

Undertaker, Wilmurt & Dungee

Place of Business, 62 East St

E C Baldwin M.D.,
Medical Attendant.

Address, 124 Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5785 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Irving

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} B & Potomac Tunnel near Penna Av

Cause of Death, First, (Primary,) Injuries received by being run over

Second, (Immediate,) by Western Maryland R.R. Engine & Train

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial ~~Mount Olivet~~ Loudon Park Cem

Date of Burial, Feb 14th 1882.

Undertaker, Andrews & Hodges

Place of Business No 416 Druid Hill Ave

Alexander Tinsley M. D.,

~~Medical Attendant.~~

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57852 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

Date of Death, Feby 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Timothy Kennedy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} B & Potomac Tunnel - near Prune Av

Cause of Death, First, (Primary,) Injuries received by being run over by Western Maryland R.R. Engine & Train

Second, (Immediate,) Instantaneous

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Saint Peters

Date of Burial, Feb 14th 1881

Undertaker, Andrews & Hodges

Place of Business, 164 & 166 Druid Hill Ave *Address,* Corner

Alexander Tinsley M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52853 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 13 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Burning Law

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labrer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} B & Potomac Tunnel near Penna Av

Cause of Death, First, (Primary,) Injuries recived in being run over by

Second, (Immediate,) Western Maryland R.R. Engine & Train

Duration of Last Sickness, Instantaneous

All the above Information should be furnished by the Physician.

Place of Burial Saint Peters

Date of Burial, Feb 15th 1882

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave *Address,* Corner

Alexander Tinsley M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Bal...

Permit No. 52,852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McGoff,

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labrer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} B & Potomac Tunnel near Pruner

Cause of Death, First, (Primary.) Injuri received in being run over by

Second, (Immediate.) Wrstern Maryland R.R. Engine 15 & Train.

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feb 14th 1882

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

Alexander Tinsley M.D.,

~~Medical Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57853 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sussey Seales

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 10 mos

Place of Death, {Give street and number.} 22 Rice St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va.

Date of Burial, Feb 15th 1892

Undertaker, Charles Seales

Place of Business 22 Rice St

John J. King M. D.,
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Buried Feb 15th 1892

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52856 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Fischer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months.* *Days.*

Color, Colrd

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (1 yr in America

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 14th 1882

Undertaker, H Schuelthies

Place of Business,

Oscar J. Cotton M. D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52489 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th February 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jones.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty four (24) *Years,* *Months,* *Days,*

Color, Colored -

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None. Afflicted with Epileptic Convulsions

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 5-9. Emmanuel Ct. Baltimore

Cause of Death, First, (Primary,) Epileptic Convulsions -

Second, (Immediate,) Died in a Convulsion Sizure

Duration of Last Sickness, About ten years -

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 15th 1882

Undertaker, Wm J Gray

Place of Business, 68 Mulberry *Address,* 47. Franklin St.

Medical Attendant. M. C. Van Bibber M. D., Son on. Chas. Van Bibber

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57488 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Bernhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 144 Lancaster st.

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb 15th 1882

Undertaker, G. France

Place of Business, Pratt & Wolfe sts. *Address,*

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17859 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Steinkeman

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 100 S. Chester St.

Cause of Death, { First, (Primary,) Umbilical Hemorrhage
Second, (Immediate,) .....

Duration of Last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem

Date of Burial, Feb 14 82

Undertaker, G. Franer

Place of Business, Bank & Wolf

R. W. Mansfield *M. D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 574860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12 — 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Sweeney

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 29 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 39 E Lombard St.

Cause of Death, First, (Primary.) Phthisis Pul.

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, February 14th

Undertaker, H. W. Mears

Place of Business, 45 N. Gay St

Frank Mayer M.D.,
Medical Attendant.

Address, 75 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37486 / *Office of Registrar of Vital Statistics.* Ward 19 9/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Ware

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} No 8 Norris alley

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 14 82

Undertaker, Abt Hemsley

Place of Business, 116 orchard st

W K Warner M. D.,
Medical Attendant.

Address, Fruit Dr & Townsend Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/862

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Febr. 14 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Fowler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 369 E. Fayette st

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Febry 15th 1882

Undertaker, John Lake

Place of Business, 161 E Balto st

P. G. Daniel *M.D.,*

Medical Attendant.

Address, 32 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37863 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Greer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} B & P Tunnel near Penna av

Cause of Death, First, (Primary,) Injuries received in being run over by

Second, (Immediate.) Western Maryland R R. Engine & Train

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial Mont Olivet Cemetery

Date of Burial, Feb 15

Undertaker, J B Cook

Place of Business, 707 W Pratt

Alexander Tinsley M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5[illegible]

Board of Health, City of Baltimore,

Permit No. 57864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thirteenth of February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Robert Barnes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 16 *Days.*

Color, ~~Negro~~ Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 11 Eutaw court Baltimore

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 11 Eastaw court

Cause of Death, First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cem

Date of Burial, Feb 14 1882

Undertaker, [illegible]

Place of Business, [illegible]

E D Hearn M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. G. DYLANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52865 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 3 P.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia A. Tinker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 42 N Washington St.

Cause of death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) .....

Duration of Last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 16/82

Undertaker, Fry & Son

Place of Business, 847 Broadway

Jno. E. Donnelly M. D.,
Medical Attendant.

Address, 1916 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34866 *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 / 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kreamer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Lt —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give street and Number.} 185 East —

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, February 15th 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

D. Shall M. D.,
Medical Attendant.

Address, 149 W. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52867 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Owens

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 28 *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 mos - 28 days

Place of Death, {Give street and Number.} No 1 King St Court

Cause of Death, First, (Primary,) Struma

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial W. Pres Cemetery

Date of Burial, Feb 15th 1882

Undertaker, J. A. Kerchner

Place of Business, ——— Wm P Chum M. D.,

Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52868

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cleopatria L. Carroll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 15 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Battery Avenue

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Croup

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 16. 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE MD.

Date of Death, Febuary 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wilbur Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 671 Light st

Cause of Death, First, (Primary.)

Second, (Immediate.) Laryngeal Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 15th 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

O. A. Cooke M.D.,

Medical Attendant.

Address, 573 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54870

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~December~~ February 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Ackermann

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 or 15 years

Place of Death, {Give street and number.} # 188. S. Durham St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 6 or 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Edgewood Cemetery

Date of Burial, Feb. 14th

Undertaker, Wendelin Dippel

Place of Business, S. Broadway

Wm H Norris M.D.,
Medical Attendant.

Address, # 154 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57871 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reifner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* six *Months,* Three *Days.*

Color, W

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 188 S. Register St

Cause of death, First, (Primary,) Cerebritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb. 15 1882

Undertaker, S. Sanders & Son

Place of Business, 252 Canton Av. *Address,* 3 S. Broadway

Walter R. Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52872 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K. Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, 46 yrs in U. States

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 186 S. Bethel St

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) Pleurisy

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Feb. 16. 1882

Undertaker H. Sanders & Son

Place of Business 252 Canton Ave, *Address,* 369 E. Baltimore St,

J. Helmstadter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, ed

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

~~*Duration of*~~ *Residence in the City of Baltimore,* 15 years

Place of Death, {Give street and number.} N Exeter 185

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) Dropsy

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemy

Date of Burial, Feb 15 " 1882

Undertaker, Patrick Mullin

Place of Business, S. P. Park Ave

E. H. Baldwin M.D.,
Medical Attendant.

Address, 124 N Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kimmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 214 E. Chase St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, February 15th 1882

Undertaker, Henry Cook

Place of Business, 309 Central Ave

Jno. Bunkel Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62/875 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Heilman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 19 *Days.*

Color, white

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 459 East av.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R W Mansfield M. D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 7 / 8 7 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Klotz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* — *Days.*

Color, White *Sex,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 251, W. Pratt St.

Cause of Death, First (Primary,) —

Second (Immediate,) Diphtheritis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 16th 1882.

Undertaker, F. A. Feld.

Place of Business, 31 Eutaw St M.

Morris Steiner M. D.

Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 52477

Office of Registrar of Vital Statistics.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon Gail

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 12 Temple St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Temple St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb. 15th 1882

Undertaker, Charles A. White

Place of Business, 35 Granby St

Frank Moyer M.D.,
Medical Attendant.

Address, 705 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32878 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. A Brau

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S. Wh. Ln. McKim & Kayser Co.

Cause of death, First, (Primary,) Scarlet fever & Diphtheria

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb. 15 1882

Undertaker, H. C. Hudgins

Place of Business, 20 Fremont St.

Richard R McOrd M. D.,
Medical Attendant.

Address, 169 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57879

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wesley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 Lendenhall St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asphyxia

Duration of last Sickness, 22 hours

All the above information should be furnished by the Physician.

Place of Burial, Stas. R.C. Cemetery

Date of Burial, Feb the 14th

Wm Goodall M. D.
Medical Attendant.

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta St *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J McGinnis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 213 E Fayette St.

Cause of Death, First, (Primary.) Bright Disease

Second, (Immediate.) Uraemia,

Duration of Last Sickness, Scarlet Fever

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 16th 1882

Undertaker, Denny & Mitchell

Place of Business. 65 S Broadway *Address,*

Alan P Shaw M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly May Webber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maturnik

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nursery and Child's Hospital.

Cause of Death, First (Primary,) Gastro-Enteritis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 15th.

C. T. O'Brien M. D.
Medical Attendant.

Undertaker, Wm. Lazzard

Place of Business, 201 Pearl *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 52/882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Claylin Bowers

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, Years, 8 Months, 19 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne Arundel County

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and number. } 425 N. Stricker St.

Cause of Death, First, (Primary.) Aortic Insufficiency from Malformation —

Second, (Immediate.) Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Crownsville Anne Arundel Co by Rail

Date of Burial, Feb 15 1882

Undertaker, C W Blizzard

Place of Business, 207 Pen

C. C. Linthicum M.D.,

Medical Attendant.

Address, 51 N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2528 Broadway

Board of Health, City of Baltimore

Permit No. 54883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Athol E. Willie H. Mc Caull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 372 W. Lanvale St.

Cause of Death, First, (Primary.) Tubercular meningitis

Second, (Immediate.)

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feb 22 nd 1882

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette st

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Harlem av. and Eutaw st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4527 Trans

Board of Health, City of Baltimore,

Permit No. 57884 *Office of Registrar of Vital Statistics.* Ward 1 — 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 14 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Dejmuller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 107 S Chapel

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 16 '93

Undertaker, Michael Kunz

Place of Business, No. 35 Bank *Address,* 44 So. Broadway

J. L. White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Hare

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number.} 65 Oak St.

Cause of Death, First, (Primary.) Congenital Syph-

Second, (Immediate.)

Duration of Last Sickness, 10 days-

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 16th 1882

Robt W Johnson M.D.,
Medical Attendant.

Undertaker, Chas T Dennison

Place of Business, 271 W Eutaw *Address,* 70 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2529 Transit

Board of Health, City of Baltimore,

Permit No. 52886 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizah McDaniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Day Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, about 7 yrs

Place of Death, {Give street and number.} 357 Pearl St

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feb 16th 1882

Undertaker, John Mackenzie

Place of Business, 80 & 150 Canal

O. H. Emmert M. D.,
Medical Attendant.

Address, 185 W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No. e

Board of Health, City of Baltimore,

Permit No. 52887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Graham

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 74 S. Ann St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, February 15th 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E. J. Grove M. D.

Medical Attendant.

Address, 37½ E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUBL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 521888 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1888 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 14. 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella L. Francis Riedel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 29 Brown St

Cause of Death, First, (Primary,) Cartilitis

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feby 16th 1888

Undertaker, Randall & Myers

Place of Business, West St

Theodore Cook M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52,889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1882 at 5½ o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta E. Bragg

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, 58 *Years,* 10 *Months,* 11 *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 607 West Lombard Baltimore

Cause of Death, { First, (Primary,) Typhoid Pneumonia
Second, (Immediate,) }

Duration of last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 15th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

A. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57890

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca R Sherwood

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 38 N. Dolphin Cor Lt.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Asthma

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 3rd 1890

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St

E T Bruton M.D.,
Medical Attendant.

Address, Howard Free Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52491 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Umbarger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 416 Mulberry St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 17' 1892

Undertaker, J. B. Cook

Place of Business, 707 N. Balto.

H. F. Hill *M. D.,*

Medical Attendant.

Address, 443 Franklin St.

84

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T Elliott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 658 Penna Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) .....

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Feb. 16

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 315 West Baltimore

Address 565 Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57893

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Parrott.

Sex, Male or ~~Female~~. {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 1 *Months,* 8 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.} Single.

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No. 18 Asquith St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Tracheitis.

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 15 February

Undertaker, Henry W. Sellears

Place of Business, 45 N. Gay st

Jno F. Powell. M.D.,
Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574894 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED FEB 15 1892 BALTIMORE.

Date of Death, February 14 - 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs F. Gatlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #152 N Durham St

Cause of Death, First, (Primary,) Cardiac

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb. 15-1892

Undertaker, Chas. A. White

Place of Business, 35 Brown & 17 *Address,* 322 N Broadway

Geo F Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 04595

Board of Health, City of Baltimore,

Permit No. 57895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maximillian Bridinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 78 Booth st

Cause of Death { First, (Primary,) Scarlet fever
, Second, (Immediate,) Congestion of the brain

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 16th 1882

Undertaker, Jas B Cook

Place of Business, 1607 W. Baltimore Street

E. F. Bonsall M. D.
Medical Attendant.

Address, 15 N. Holliday st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52/896 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1896 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ....

Sex, Male or Female, { Cross out the word not required in this line. } ....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ....

Cause of death, First, (Primary,) ....

Second, (Immediate,) ....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, February 16th 1896

Undertaker, H. W. Spicknall

Place of Business, 341 Center ave

.... M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52497 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Rawfeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) brain affection

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Lloyd St Hebrew cemetery

Date of Burial, Febr 16th 1882

Undertaker, Wm Eilau

Place of Business. 101 Gough St

A Friedenwald M. D.,
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52898 *Office of Registrar of Vital Statistics.* , Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Wonnser

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* x *Months,* x *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 months

Place of Death, { Give street and Number. } Hebrew Hospital

Cause of Death, First, (Primary.) Disease of the Bowels

Second, (Immediate,) Hemmorhage from bowels

Duration of Last Sickness, 2 weeks in Hospital

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Febr 16th 1882

Undertaker, Wm Elsner

Place of Business, 101 Gough St

A Friedenwald M. D.,

Medical Attendant.

Address, 84 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32899 *Office of Registrar of Vital Statistics.* Ward 17 G

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

Date of Death, February 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Auld

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 9 Wilkens St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Bay. Br. Cemetery

Date of Burial, February 15

Undertaker, B. Thrall

Place of Business, 52 West St.

Revere Cook M. D., Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 54900 *Office of Registrar of Vital Statistics.* Ward 17 G

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Sarah Frances Gold

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, { Give street and number. } 72 Elizabeth Lane

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 16

Undertaker, B. Glutz

Place of Business, 92 West St *Address,* 77 Hill St

Julius Hall M. D.,
Medical Attendant.
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54901

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Feb 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Broath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis pulmonalis

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 16 Feb 1882

Undertaker, Henry Schelhaus

Place of Business,

Thos. Wood de Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52902 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 3 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} 176 S. Sharp St

Cause of death, First, (Primary,) Scrofula.

Second, (Immediate,) Tabes Mesenterica,

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp St~~ U. Public Cemetery

Date of Burial, Feb 16 1882

Undertaker, ~~Peters & Kirwin~~

Place of Business, ~~Conway St~~

J. B. White, M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5249 03 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} E. Shore Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 16 Bradford's Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th 1882

Undertaker, W. H. Dunger

Place of Business, East St

Thos. H. Ellis M. D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52904 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th — 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Maternité —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} St. Vincent's asylum —

Cause of death, First, (Primary,) marasmus —

Second, (Immediate,) .....

Duration of Last Sickness, 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 16th 1882

Undertaker, Geo. Sheehan.

Place of Business, 15 & Division.

R. H. Goldsmith. M. D.,

Medical Attendant.

Address, Harlem Av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis Griffith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 105 Parkin St

Cause of Death, First, (Primary.) Inanitus Nascentium

Second, (Immediate.) —

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Feb 16th 1882

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street

A. McGowan M.D.,

Medical Attendant.

Address, 543 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57906 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kalmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 17 Harrison Alley

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 17th

Undertaker, Ambrose Kuehl

Place of Business, 246 E. Lombard St.

James E Donnelly M. D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother's name Reed (Sally).

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 11 Months ~~Years,~~ *Months,* ~~Days.~~

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Since Apr. 1st 1881

Place of Death, {Give street and number.} No 118 Eastern Ave. Nr Fort Mc. 33.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Exhaustion. Coma.

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, at the lot Eastern Ave

Date of Burial, on the [redacted] day 16

Undertaker, Mr. McLean undertaker

Place of Business, place of business

G. Haskell Boyland M. D.
Medical Attendant.

Address no 43 main st by mail
David Hill ave no

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 57908

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emaline Jones

~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} No 362 High St,

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Philpot Road

Date of Burial, Feby 17th 1882

Undertaker, Henry Whitehall

Place of Business, 65 Broadway

Paul F Cowell M.D.,
Medical Attendant.

Address, No 29 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 521909 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 15, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Shryock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 942 W Balto St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 17

Undertaker, Joseph R Pook

Place of Business, 704 W Pratt St

James J Dooley M. D.,
Medical Attendant.

Address, 319 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54910 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Coral Oliver

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} 490 Lexington St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 16

Undertaker, L B Cook

Place of Business, 707 W Pratt

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 52411

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 15 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Gregory

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 100 Bolton Av

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16

Undertaker, B. Hall

Place of Business, 62 West St.

J. B. Noble M.D.,
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 34912 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Pennington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 7 *Months,* ~~~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 324 Dew alley (O. T.)

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Feb 17 1882

Undertaker, Chas A. White & Son

Place of Business, 324 Granby St. *Address,* Comm of Health

M. D., ~~Acting Assistant~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd by J. P. Smith M.D.

Board of Health, City of Baltimore,

Permit No. 52913 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7. 18

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Alex Wallace

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 233 Hughes St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness, 1/2 Day

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Feb 16 - 1882

Undertaker, A. Ross,

Place of Business,

Thos H Kenny M. D.,

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52914 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Clayton Groff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} United States + State of Maryland

Duration of Residence in the City of Baltimore, In city on visit

Place of Death, {Give street and number.} 317 N. Carlton St.

Cause of death, First, (Primary,) Edematous Croup Tracheotomy

Second, (Immediate,) Heart ceased pulsation, death was instantaneous

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, Feb 16th

Undertaker, E. D. Selby

Place of Business, ...

Jno. L. Legard M. D.,
Medical Attendant.

Address, 17 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 25 30 [OVER.]

No. 522

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th Feb 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Drusilla Mary Bowen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 16 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 428 Orleans St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 16/82

Undertaker, Fry & Bro

Place of Business, 81 N Broadway

C. P. Bowen M. D.
Medical Attendant.

Address, 373 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DAILEY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 54916 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daisy Aeighs

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, about 20 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Not Known

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, { Give street and Number. } University Hospital

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Feb. 5 82-

Undertaker, Fred'k Koschmann

Place of Business, 50 S. Carrollton Ave.

Wm. H. Welsh M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57917 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Noble,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Fifty-two yrs.

Place of Death, {Give street and number.} 303 E. Lombard St.

Cause of death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis

Duration of Last Sickness, One day.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 17th 1882

Undertaker, Thos L Hughes

Place of Business, 611 E Baltimore *Address,* Bell & Read Pls.

G. Granville C. Lusk M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Winterle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Monthly Nurse ✓

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} No 61 Paca Ave

Cause of Death, First (Primary,) Cerebral Hemorrhage

Second (Immediate,) Paralysis

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Feb. 17 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St

Edward McGrath - M. D.
Medical Attendant.

Address No 199 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Virginia Holloway

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* — *Days.*

Color, Col'd

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 62 Holloway St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) .....

Duration of Last Sickness, Her Life

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Feb 16 1882

Undertaker, William N Bonger

Place of Business, No 62 East Street

E L Mitchell M.D.,
Medical Attendant.

Address, 51 7th Columbia

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 574920 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Courtney Oliver

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* Five *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and number. } 57 Strickland Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Abscess from mumps

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Feb 16 1882

Undertaker, William Berger

Place of Business, No 62 East Street

J. Ostheimer M.D.,

Medical Attendant.

Address, 41 N Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52921 *Office of Registrar of Vital Statistics.* Ward. 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magie M Parsons

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 491 E. Avenue

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 18th 1882. J. H. Martin M. D.,

Undertaker, Denny & Mitchell Medical Attendant.

Place of Business, 65 S Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52922

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Barber

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male

Age, Sixteen *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 186 Pulmore al

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Anuvea

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 82

Undertaker, A Hendly

Place of Business, 116 Richard St

Dr L H Barclay *M.D.,*
Medical Attendant.
for Homeopathic Dispensary
Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54923. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14 February - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Lord

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 yrs 8 ~~Years,~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Washington Road near Patterson Ave

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Suffocation

Duration of Last Sickness, 5 days under

All the above information should be furnished by the Physician.

Place of Burial Woodberry Balto Co

Date of Burial, Feb 17th 1882

Undertaker, J. B. Cook

Place of Business,

D. E. Atkinson M. D.,
Medical Attendant.

Address, Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52924 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgd Ann Harford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* *Days.*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balts. Co.

Duration of Residence in the City of Baltimore, 3 years & 7m

Place of Death, {Give street and number.} 63 Barnes St

Cause of death, First, (Primary,) Organic disease of Heart

Second, (Immediate,) Dropsy resulting Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Co

Date of Burial, Feb 18 82

Undertaker, Fry & Bro

Place of Business, 87 N Broadway

S. S. White, M. D.,
Medical Attendant.

Address, 314 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52925 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Townsend

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days.*

Color, W

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Holstein Wall Talbot County Md

Duration of Residence in the City of Baltimore, Eighty odd Years

Place of Death, {Give street and number.} 116 S. Eutaw Street

Cause of death, First, (Primary,) Bronchial pneumonia

Second, (Immediate,) Old age & debility

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 19 82

Undertaker, Fry & Son

Place of Business, 67 W Broadway

John C. Lynch M. D.,
Medical Attendant.

Address, 17 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57926 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Hunn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 50 E Fayette St

Cause of death, First, (Primary,) Intem perance

Second, (Immediate,) Unknown natural (illegible)

Duration of Last Sickness, for 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 18 February

Undertaker, W Diehl

Place of Business,

Edmund Rennert M. D.,
Medical Attendant.

Address, Comm on St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57927 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1107 E. Eager

Cause of death, First, (Primary,)

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 18th

Undertaker, Geo Schilling

Place of Business,

E. Wade M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57928 *Office of Registrar of Vital Statistics.* Ward 18?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan S. Harrington.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, {Give street and number.} 100 Lee

Cause of death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, about 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 18 1882

Undertaker, N. F. Curran

Place of Business, 53 S. Broadway

R. J. N. Tall M. D.,

Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54929 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1852 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16'

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmanuel Walch –

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* & *Months,* — *Days.*

Color, White –

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ? ?

Duration of Residence in the City of Baltimore, Ans ? ?

Place of Death, {Give street and Number.} Cor. Nicholson & Hudson

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) Adhesion

Duration of Last Sickness, Ans ? ?

All the above information should be furnished by the Physician.

Place of Burial, St Johns and St Pauls Cemetery

Date of Burial, Feb. 18th 1852

Undertaker, J. C. Schuh

Place of Business, 165 Alio Ann st *Address,* 142 N. Eutaw Ca

D. Sheell *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place of birth; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52930 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wagner

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 116 Battery Ave

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) adenitis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetery

Date of Burial, Feb 18

Undertaker, B. Hall

Place of Business, 82 West Pr *Address,*

S Sellers M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57493/ *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE.

Date of Death, February 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Vogel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 637 Light

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cemetery

Date of Burial, February 19 } Theodore Cooke M. D.,

Undertaker, B. Hurle } Medical Attendant.

Place of Business, 82 West St. } *Address,* 14 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malcolm D. Ramsay

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 250 Exeter St

Cause of Death First, (Primary,) Tuberculas Meningitis

Second, (Immediate,) .....

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 19th Febry 1882

Thomas Shearer M. D.
Medical Attendant.

Undertaker, H. W. Jenkinson

Place of Business, 75 N. Charles St *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. SCHLATTER & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5 4933 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Albaugh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 170 Saratoga St

Cause of Death, First, (Primary,) Old age & Disease of the Brain

Second, (Immediate,) Gangrene of the foot

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Int. Olivet Cemetery

Date of Burial, 18th Feby 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St

Thomas Cook M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 54934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Brent

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* 21 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number} 480 Fulton Place

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 18th 1882

Undertaker, H W. Dentsin & Son

Place of Business, 75 N Charles St

Christian M. D.
Medical Attendant.

Address, 121 Williams St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32435

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Daly

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 35 Druid Hill Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, About nine days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Feby 18th 1882

Undertaker, Chas T Scrivener

Place of Business, 271 N Eutaw St

Chas O'Donovan M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5 2 1 9 3 6 *Office of Registrar of Vital Statistics.* Ward 7 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1888 BALTIMORE

Date of Death, February 16, 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 11 *Days.*

~~Color~~,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 369 N Broadway

Cause of death, First, (Primary,) Cerebral congestion

Second, (Immediate,)

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 18th

Undertaker, H. C. Wiedefeld

Place of Business, 9 Guilford Ave

S. W. White, M. D.,
Medical Attendant.

Address, 369 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memorial Below [illegible]

Board of Health, City of Baltimore,

Permit No. 52937 *Office of Registrar of Vital Statistics.* Ward 1 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15 - 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Kumpenhaus

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 11 ~~Years~~ Years

Place of Death, {Give street and number.} 450 Canton av.

Cause of death, First, (Primary,) Brights Desease

Second, (Immediate,) Dropsy.

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem

Date of Burial, Feb. 17th 1882

Undertaker, Henry Saunderson

Place of Business, 252 Canton av

Louis L. Horn M. D., Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Riley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 46 S. Fulton st

Cause of Death, First, (Primary.) Consumption of lungs —

Second, (Immediate.)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 18' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

W. K. McShane M.D.,
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, night of Feb 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orville Otto

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 9 Lloyd St

Cause of Death, First, (Primary.) Mother is far advanced in Phthisis Pulmonalis

Second, (Immediate.) Infant born with Marasmus, with whoop-

Duration of Last Sickness, ing = It was found dead in bed this A.M.

All the above information should be furnished by the Physician. I looked for its death when it was born.

Place of Burial, Balto Cemetery

Date of Burial, Feby 18 1882 A Siegfried Shortzer M.D.,

Medical Attendant.

Undertaker, H. C. Pander & Son

Place of Business, 252 Canton Address, 11 S. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5749 40 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Murray (Mother)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 35 State Street

Cause of Death, First, (Primary,) Premature Birth (8 mos.

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Feb 17th 1882 Thos A Steiner M. D.,

Undertaker, H. A. Kershner

Place of Business, ~~~ *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd. B. D. & C.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Albert Groar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 1/2 *Months,* *Days.*

Color, Whit *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sigle

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nursery & Child's Hospital

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 17

C. F. Brune *M. D.*
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 207 [illegible] *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 54742

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2.16.82

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Gerus

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* ~~*Days.*~~

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 306 Franklin St

Cause of Death { First, (Primary,) Consumption / Second, (Immediate,)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Feb 19th 1882

{ *Undertaker,* Henry W. Mears

{ *Place of Business,* 45 N Gay St

Ellie Eastman M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52943 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 15 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Walters

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Cellapse -

Duration of Last Sickness, 1 week -

All the above information should be furnished by the Physician.

Place of Burial, E. L. Cemetery

Date of Burial, February 19

Undertaker, Patrick Mullin

Place of Business,

T. H. J. Lucas M. D.,
Medical Attendant.

Address, City Hosp -

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37944 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Roe.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 15 Yrs.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, C.H.P. Cemetery

Date of Burial, February 17

Undertaker, Patrick Mullin

Place of Business,

J. E. Abrick M. D.,

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57494S

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Gruber

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Pennsylvania 75 Years

Duration of Residence in the City of Baltimore, 78 Williams St

Place of Death, { Give street and number. } Enteric Fever

Cause of Death, First, (Primary.) ✓

Second, (Immediate.)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 19

Undertaker, Armistry & Denny

Place of Business, Light & Montgomery *Address,* 50 Hanover

C. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5249 46 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* 2 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lancaster Co Pa

Duration of Residence in the City of Baltimore, 15 years,

Place of Death, {Give street and number.} # 637 W. Lombard St

Cause of Death, First, (Primary.) Hepatitis,

Second, (Immediate.) Dropsy, hepatic,

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Aldersgate Baltimore City.

Date of Burial, February 19 Jno A. Bell M.D.,

Medical Attendant.

Undertaker, Armstrong & Kenny

Place of Business, Light & Montgomery *Address,* 161 So Sharp St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 2531

Board of Health, City of Baltimore.

Permit No. 57947 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Simering

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 411 S. Eutaw St

Cause of death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, February 19th

Undertaker, Armstrong & Bruny

Place of Business, Light & Montgomery Sts

L. C. Bruch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5249 48 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Sterrett Pl

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 18th 1882 Geo W Blake M. D.,

Undertaker, Jacob Davis Medical Attendant.

Place of Business, 163 West St *Address,* 168 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 524949 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A Charles Bordley {Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 10 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Seldner Street

Cause of Death, First. (Primary.)

Second. (Immediate,) Umbilical Hernia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18th 1882

Undertaker, Hercules Ross

Place of Business,

James A Means M. D.,
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by

The Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 52495 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Ramsaur

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 05 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Penn st

Cause of death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Feb 17. 1882

Undertaker, John Heeney

Place of Business, 382 E. Lombard St. *Address,* 791 So. Bond

J. L. Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 476 Penn Ave

Cause of Death { First, (Primary,) Spasms
Second, (Immediate,)

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19

Undertaker, Walter Semmel

Place of Business, 315 West Biddle

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57952 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Christina) Reinholz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 413 Hamburg St

Cause of death, First, (Primary,) Pulmonary consumption

Second, (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 19th 1882

Undertaker, John Thacher

Place of Business, No 150 Lombard

J H Summey M. D.,
Medical Attendant.

Address, 76 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54953 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED 1889 BALTIMORE

Date of Death, July 16 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Edwards

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 3 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Henrietta St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 19

Undertaker, H Brisle

Place of Business, Henrietta 18

R. J. H. Hall M. D.,
Medical Attendant.

Address, 132 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5219 54

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB 17 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann E. Jones

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, Forty-two *Years,* nine *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 207 Montgomery St

Cause of Death, First, (Primary.) Childbirth

Second, (Immediate.) Puerperal Eclampsia

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, [redacted]

Dr Lawrence H Barclay M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 5719 55

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paca P. Madison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 86 N Chas St

Cause of Death, First, (Primary.) /

Second, (Immediate.) Gastro enteritis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery Kent Co Md

Date of Burial, Feby 19th 1882

Undertaker, Stewart & Mowrn

Place of Business, 35 Park Ave

H. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2532 [over]

Board of Health, City of Baltimore,

Permit No. 52956 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16 th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Ann Lee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 22 *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 206 West St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 18

Undertaker, H Ross

Place of Business, 93 Conway St

L. M. Hall M. D.,
Medical Attendant.

Address, 26 2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54957 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 / 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widdower, {Cross out the word not required in this line.} Single

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Saddler (SW)

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Cachexia

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Feb 19 1882

Undertaker, Jas L Byrne

Place of Business, 63 Hanover

D. Sheets M. D.,
Medical Attendant.

Address, 143 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 027958

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB
18
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Landmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 91 *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 57 Schroder st.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 18th 1882

Undertaker, John S Hacker

Place of Business, No 150 Lamdin st

O. L. Pudenbohn *M.D.,*

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

ock.

No. 54959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd. Hogg

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Invalid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in City

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number} 468 N. Strickland St

Cause of Death First, (Primary,) Cardiac Disease

Second, (Immediate,) Bronchial Asthma

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb

Undertaker, Jeffs Pfortsch

Place of Business, 782 W Balto

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Weber

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Strasburg (Germany)

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number} 308 ½ west Baltp

Cause of Death First, (Primary,) Phthisis pulmonaris

Second, (Immediate,)

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 18th 1882

H Ahrens M. D.
Medical Attendant.

Undertaker, Geo Leimbach

Place of Business, 389 W Balt St. *Address,* 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 4 9 6 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lyna Bond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 69 Granby St

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 69 Granby St

Cause of Death, First (Primary,) Imperfection of valves of heart

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feby 18th 1882

Undertaker, Wm E Cherrowith

Place of Business, 336 Pa ave

Jr H Sifferdiffer M. D.
Medical Attendant.

Address 812 E St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52962 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Thyssen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 2 *Months,* 29 *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 379 N Central Ave

Cause of death, First, (Primary,) Vesicular Emphysema

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Country

Date of Burial, February 20th 1882

Undertaker, Henry Heck

Place of Business, 379 Central Ave

E. W. Selbert M. D., Medical Attendant.

Address, 6 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Regina Gof~~ Feb: 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Gof

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* ~ *Days.*

Color, C

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Couty Maryland

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number} H. Vincent alley

Cause of Death First, (Primary,) Eclampsia

Second, (Immediate,) Teething

Duration of last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 18 1882

Undertaker, William Dunze

Place of Business, No 62 East Street

G W Amis M. D.
Medical Attendant.

Address, Cor Stuckert & Perkins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 3249 64 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, for 8 years

Place of Death, {Give street and number.} 78 N Calvert

Cause of death, First, (Primary,) Quinsy peritonsitis

Second, (Immediate,) Unknown nature / Congestion of lungs probable /

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, Feb 18 1882

Undertaker, Wilson Monroe

Place of Business, No 62 East St

Edmund Walker M. D.,

Medical Attendant.

Address, Coroner to B.C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52965

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Wright.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* 7 *Months,* 0 *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Washer & Ironer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hartford County Md.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, { Give street and number. } 123 Chestnut Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Seven months in bed

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 19th 1882

Undertaker, Wm Gray

Place of Business 65 Mulberry

A. M. Belt, M.D.,
Medical Attendant.

Address, Cor Madison & St Paul Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32,966 *Office of Registrar of Vital Statistics.* Ward 12, 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, black

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 37 Preston

Cause of death, First, (Primary,)

Second, (Immediate,) Heart disease (angina pectoris)

Duration of Last Sickness, 5 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea Co

Date of Burial, Feby 20th 1882

Undertaker, Peter Gray

Place of Business, 65 Mulberry St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 54967

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 46 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Edmonds Wharf Canton

Cause of Death, First, (Primary.) 3 accidentally Drowned

Second, (Immediate.) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C & P Cemetery

Date of Burial, February 17

Undertaker, Patrick Mullin

Place of Business,

Geo. H. Worst M.D.,
Coroner
Medical Attendant.

Address, 65 Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 54968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agle.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 70 Pennsylvania Ave Cor. Biddle

Cause of Death { First, (Primary,) Angina Pectoris.
, { Second, (Immediate,) 2 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Founders Park Cemetery

Date of Burial, Feb 18th 1892

Undertaker, Thos L Hughes

Place of Business, 40 E Baltimore

Chas. H. Riley M. D.
Medical Attendant.

Address, 316 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ballard

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 28 Hunter St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb the 18

Undertaker, G W Perkins Jr and Co

Place of Business, 130 Henrietta St

Wm Gimbel M. D.
Medical Attendant.

Address, 174 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 54970 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

Date of Death, Feby 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo L Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gun Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 3 Dawson alley

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb the 19

Undertaker, Jos H Oer Sons Jr & Co

Place of Business, 136 Henrietta St

Jno S Hall M. D., Medical Attendant.

Address, 168 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Law of ...

Board of Health, City of Baltimore,

Permit No. 54.971

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephy Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 2 3 Days.

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 168 Ellwood st

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 19th 82

Undertaker, G. France

Place of Business, Banks & Wolfe Address, 132 Ellwood st

E. J. Hilbert M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to this ...

Board of Health, City of Baltimore,

Permit No. 54972 — *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Thomas Sullivan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8. Bartlett street

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 19th 1882

Undertaker, Wm E. Chenowith

Place of Business, Penna ave

James H Kleinschmidt M. D.,

~~Medical Attendant~~ Coroner

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Jas H. Kleinschmidt M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule 4 [illegible]

Board of Health, City of Baltimore,

Permit No. 57973

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

Date of Death, Feb 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Stanley Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Widower.

Occupation, Farmer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penn by Insomnia

Duration of Residence in the City of Baltimore, several months

Place of Death, {Give street and number.} N. C. Vernon Hotel

Cause of Death, First, (Primary.) Sclerosis of Liver

Second, (Immediate.) Hydrops Peri Cardia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Harford Co.

Date of Burial, 19th Feb. 1882

Undertaker, H W Jenkins for

Place of Business, 75 N. Charles

Stout Smith M.D.,

~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 54

Board of Health, City of Baltimore.

Permit No. 57974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED FEB 1882 REGISTRY

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Elizabeth Fuss

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 250 N Durham

Cause of Death, {First, (Primary,)} ——— {Second, (Immediate,)} Acute

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed St Paul's Cemetery

Date of Burial, Feby. 19th 1882

Undertaker, Wm Nicholaus

Place of Business, 268 Alice-anna St.

H. Baninger M. D.
Medical Attendant.

Address, Glen Eddy & Bath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [illegible]

[OVER]

GUTHRIE & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54975 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Daily

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 21 & 11.

Place of Death, {Give street and number.} 128 Battery av.

Cause of death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, Feb 19th 1882

Undertaker, Jos F. Byrne

Place of Business, 59 n Liberty st

R. C. Lee M. D.,
N. W. cor Medical Attendant.
Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 54976 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Healy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 12 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 18 E Monument St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feb 19th 1882

Undertaker, Jos F. Byrne

Place of Business, 57 N Liberty St

Wm Wilmer M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 54977 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Grenzer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 2 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 58 Leadenhall St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19

Undertaker, Henry Brielle

Place of Business, Henrietta 81

Wm Gombel, M. D.,
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules and [illegible]

Board of Health, City of Baltimore,

Permit No. 52498 *Office of Registrar of Vital Statistics.* Ward 9 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shanfoun

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 65 Davis St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 19 1882 Thos A Ellis M. D.,

Undertaker, John W Locke Medical Attendant.

Place of Business, N. Wolfe St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by B. Riggs

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 54979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Grant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 59 Eastern St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, An hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 19th 1882

Undertaker, Elisha Cox

Place of Business, 84 1/2 86, Bank St *Address,* 53 Eastern St

E. I. K. Evans *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 5249 80 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mause

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet - maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all of

Place of Death, {Give street and number.} 63 Harrison St

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Chronic Gastritis probably

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday Feb 20 at 10 A.M. Wm. H. Walker M. D.,

Medical Attendant.

Undertaker, J. Muller

Place of Business, 9 Harrison St *Address,* Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 52498

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE

Date of Death, February 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Moore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, Col

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Gilford Howard co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 49 Carlton street

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Junct. Md

Date of Burial, Feb 19th 1882

Undertaker, Saml W Owens

Place of Business, 198 S. Howard st

J B Hemmt M.D.,
Medical Attendant.

Address, 516 W Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2534 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 54982 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Curtis

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 8 *Months.* ..... *Days.*

Color C & W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 Dessiver st Marasmus

Cause of death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, all her life.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feby. 19th 1882

Undertaker, Wm. F. Zick & Son

Place of Business, 9 Y Bond Street

R. Winslow M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54983

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Feb 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... 1 *Years,* ..... Three *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, First, (Primary.) .....

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby. 19th 1892

Undertaker, Wm H Reisch & Co.

Place of Business, 97 Pratt Street.

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54984

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 6th Feb 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Meyers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, d

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary's Co Md -

Duration of Residence in the City of Baltimore, From years.

Place of Death, {Give street and number.} 18 Lawn's all.

Cause of Death, First, (Primary.) Epileptiform Convulsions, terminating in

Second, (Immediate.) Coma. Post mortem revealed meningitis & cerebellar Congestion

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 19th 1882

Undertaker, John C Gordon

Place of Business, 63 Park ave

Jno. J. Chew M.D.,
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules.

Board of Health, City of Baltimore,

Permit No. 54985 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

Date of Death, Febs. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} V. E. Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... / *Years,* 5 *Months,* ..... *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 380 N. Washington St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, St. Jams Cemetery

Date of Burial, Febd 9, 1882

Undertaker, Henry Hoen

Place of Business, 30 Central av

A. F. Erich M. D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to this

Board of Health, City of Baltimore,

Permit No. 54986 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1882 BALTIMORE MD

Date of Death, Dec. 18. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Jacob Bierer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 11 Anthony st.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial St. Joseph's Balto Co.

Date of Burial, Dec. 20. 1882

Undertaker, Geo. A. Hartman, M. D., Medical Attendant.

Place of Business, ... *Address,* 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54987 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Feb 17. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Ashton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 137 York

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 19

Undertaker, H Ross

Place of Business, 95 Conway St

W. S. Burge M. D.,
Medical Attendant.

Address, 208 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 54988 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

Date of Death, Feb. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Bowen

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country and how long in the United States, if of foreign birth.} Calvert Co, Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 2 Harrison Ct.

Cause of Death, First. (Primary.) Apoplexy

Second. (Immediate.) 1 day

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Feb 19th 1882

Undertaker, J. Ross

Place of Business, 95 Conway st

Thos A Shaw M. D.,

~~Medical Attendant~~

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Mrs Dunning Sanitary Inspector [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54989 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, to-Saturday. Feb 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carter L. Pearman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 51 E. Madison St.

Cause of death, First, (Primary,) Paralysis of Brain

Second, (Immediate,) .....

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, February 18th

Undertaker, George Schilling

Place of Business, Ashland Square

Widmer Brenton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 57990 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE FEB 23 1892

CERTIFICATE OF DEATH.

Date of Death, February 19th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Black

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 *Years,* 11 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 1193 N. Broadway

Cause of Death, First, (Primary,) Acute Cerebral Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

Geo F Jayne M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th[illegible] Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 54991 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

Date of Death, Feb. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Miller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 84 Leadenhall St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Febr 20th 1882

Undertaker, Julius Kaehler

Place of Business, Sharp & Cross, *Address,* 313 E. Chas St.

Jno. A. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention o[illegible]

Board of Health, City of Baltimore,

Permit No. 54992 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE MD

Date of Death, Feby 18, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Mausch.

Sex, Male ~~Female~~, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and Number.} 190 E. Durham St

Cause of Death, First, (Primary,) Capillary Bronchitis,

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, One month,

All the above information should be furnished by the Physician.

Place of Burial St. Paul's Cem.

Date of Burial, Feby 19. 1882

Undertaker H. Sanders & Son

Place of Business, 252 Caxton Ave

Geo. H. Rohé M. D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 54993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Hicks

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* ~~4~~ *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Madison Street bout

Cause of Death, { First, (Primary.) Croup / Second, (Immediate.) }

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, Feb 18th 1882

Undertaker, Chas Hicks

Place of Business, Fulton Avenue

Saml E Powell M.D.,
Medical Attendant.

Address, 1129 Lafayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54994 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} C

Age, 63 *Years,* ..... *Months,* ..... *Days,*

Color, C.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 147 Raborg St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Stan. & St. County

Date of Burial, Feb 19/82

Undertaker, Mc Hardy

Place of Business, 116 Columbert

Chas. H. Jeff M. D.,
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 54995 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED FEB 22 1882 BALTIMORE

Date of Death, 2 o'clock P.M. Saturday Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lawrance

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Maryland

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 5 Patapsco Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, February 20th 1882

Undertaker, Denny & Mitchell

Place of Business, 62 & 64 Broadway

J E Pickard M. D.,
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57496 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} no 184 Raborn St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scrofulosis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Monday, Feb. 20th

Undertaker, Wm. Jas. Gray

Place of Business, 66 Pulaski St. *Address,* 306 N Eutaw St

Chas. H. Huff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, also to [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac S. Gilbert

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co.,

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} 5 Jasper St;

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Dropsy

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. City. Hudson Gibbons M. D.

Date of Burial, Feb. 20th 1882 Medical Attendant.

Undertaker, Wm. Jas. Gray,

Place of Business, 65 Mulberry St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

The Special Attention of Physicians is Respectfully [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 52998 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1882

Date of Death, July 19th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Conway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 17 Randall St

Cause of death, First, (Primary,) .....
Second, (Immediate,) Asphyxia

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.
Date of Burial, Monday July 24 '82 - 3 P.M.
Undertaker, B. Harle
Place of Business, 82 West St

R. J. N. Tull M. D.,
Medical Attendant.
Address, 152 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully ... Certificate.

Board of Health, City of Baltimore.

Permit No. 52999 *Office of Registrar of Vital Statistics.* Ward 7 "4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 18, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talitha Miles

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 18 *Years,* 3 *Months,* 3 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ~~Single~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} No 462 E Chase St

Cause of death, First, (Primary,) Large collection of Ascitic Fluid

Second, (Immediate,) and Cancer of the Uterus and Omentum

Duration of Last Sickness, about 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. Md

Date of Burial, Feb. 21. 1882

Undertaker, John W Jackson

Place of Business, Cor. of Gordon & Fry

J. H. White, M. D., Medical Attendant.

Address, 761 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2535 Fawcett [OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 53000 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 19-1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bryson

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, Machinist —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and number.} 86 N. Gilmor St

Cause of death, First, (Primary,) Accident — Spinal fracture and dislocation with pressure on cord —

Second, (Immediate,) Paralysis of respiration, ~~and~~ carbonic acid to asphyxia

Duration of Last Sickness, 39 to 40 hours —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 20th 82

Undertaker, Thos L Hughes

Place of Business, 611 E Balto

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33001

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hilberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 36 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 36 hours

Place of Death, {Give street and number.} 191 E. Balto St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 21st 1882

Undertaker, John Meaden

Place of Business, No 150 Caroline St

J. J. Christian M.D.

Medical Attendant.

Address, 431 Thames

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No. 55002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

Date of Death, Feby 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann M. Wheatley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 Months ✓

Place of Death, {Give street and number} 55 N. Gilmor St

Cause of Death First, (Primary,) old age &

Second, (Immediate,) Senility

Duration of last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feby 20/82

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Jno. E. Clagett M. D.
Medical Attendant.

Address, 36 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No. 55003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55003

Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

Date of Death, Feb. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Haas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 ~~57~~ *Years,* 6 ~~7~~ *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, No 4 Little Wells St.

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate.) 6 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Feb. 21

Undertaker, Walter Imrie

Place of Business, 315 West Bdwy *Address,* 36 Greenmount Ave

Silas N Hunter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore, will make returns of all [illegible] No. 55004
Permits for Burials to the Office [illegible] issued, Saturday of each [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55004 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bamfield Carroll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 1 Sessier St.

Cause of death, First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Registers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office [illegible] Saturday of each week.

No. 53005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Murphy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 440 Vincent alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 440 Vincent alley

Cause of Death First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Geo W Morris M. D.
Medical Attendant.

Undertaker,

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit for Burial of Persons in City of Baltimore will make ... No. 33006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33006 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Baby~~ Frans Mollie Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, Wh

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, — — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 32 Jenkins alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage from lungs

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feby 20th 1882

Undertaker, Wm T Scriven

Place of Business, 271 N Eutaw St

C G Lane Tanahill M. D.,
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office without issued. Sat... 53007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 53007 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Naughton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} No 1 E. John St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb. 21st 1882

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burial ... Office ... Baltimore will make returns of a... ...ral Saturday of each week.

No. 55008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Bush

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number} 19 Pennsylvania Ave

Cause of Death, First, (Primary,) Puerperal Convulsions (Anmia)

Second, (Immediate,) Syncania from Supressed Lochia

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, Feby 21 82

Wm B Turner M. D.
Medical Attendant.

Undertaker, J. W. Ellicott

Place of Business, 336 Pa Ave. *Address,* NE Cor York & Bultimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2536 Frankl

[OVER.]

The Special Attention of ... Permits for Burials, to the Office whence issued, Saturday of each week. ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55009 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida V. Robeson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} 7 Clarkson st

Cause of death, First, (Primary,) Small Pox (Confluent)

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem.

Date of Burial, Feb 18-1882

Undertaker, Fred. A Kercheu

Place of Business,

L. H. Ellis M. D.
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

55010

No. 55010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Feb. 17 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Iola Cacy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 5 *Months,* 10 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns County Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number} 225 E Madison St

Cause of Death, First, (Primary,) Bronchio membranous laryngitis

Second, (Immediate,) apnoea & adynamia

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Kent County Md

Date of Burial, Feb 21st

B. F. Grove M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Tynan

Address, 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. W. DUPLANY & CO. CITY PRINTERS AND STATIONERS.

2837 Bonsel

Permits for Burial ... day of ... No. 33011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33011 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bittner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dr Loaphs Hospital

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) & Congestion of Lungs

Duration of Last Sickness, Six Days (48 hours in Hosp

All the above information should be furnished by the Physician.

Place of Burial, N James Cemetery

Date of Burial, Feb 20 1882

Undertaker, Henry Hoch

Place of Business, 209 Central Ave *Address,* 188 N Eden

Daniel Caton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53012

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

Age, — *Years,* 14 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} No 2 Wilpen Alley

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) bronchitis

Duration of Last Sickness, Several Weeks

All the above information should be furnished the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1882

Undertaker, H. Rossi

Place of Business, 95 Conway St

W. H. Aetkin M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Bu[illegible] ... make returns of all ... Saturday of each week. 33013

The Special Attention of Physicians ... respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33013 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sudbrok

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* *Days.*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hannover. Germany.

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give street and number.} 146 Light St.

Cause of death, First, (Primary,)

Second, (Immediate,) Carcinoma of Liver.

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 22 1882

Undertaker, [illegible]

Place of Business, [illegible]

R. J. K. Lee, M. D.,
Medical Attendant.

Address, 152 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials Office ... of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53014 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and Number.} 215 Madison Ave

Cause of Death, First, (Primary,) Cerebral Debility

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Three Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 21st 1882

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

J. E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 58015

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justus Staffel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Cabinet maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 81 Hanpstead. St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) do —

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, Feb 22 1882

Undertaker, John Herring

Place of Business, 30 Eutaw St *Address,* 86 E. Fayette

G A Dohme *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Saturday of each week. 53016

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Almira W. Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Comm Exeter & Lloyd 14 451 W. Balto

Cause of Death, First (Primary,) Encephalitis

Second (Immediate,) Coma

Duration of Last Sickness, Six Days since he was first seen by me

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 21, 1882

Undertaker, Stuart & Thowen *Address* 14th & Lanvale

Place of Business, 35 Park Ave.

J. S. Chew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53017

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

Date of Death, February 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Walton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Housework.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 40 Clements Ave

Cause of death, First, (Primary,) Phthisis pulm.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about eight months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st 1882

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St

L O Winternitz M. D.,
Medical Attendant.

Address, 12 S Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 3010

Board of Health, City of Baltimore,

Permit No. 53018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Schaab,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 — *Months,* *Days.*

Color, White. *Sex,* Female.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, 186 Bank St. born in Balto

Place of Death, {Give street and number.} 186 Bank St

Cause of Death, First (Primary,) Inflamation of Lungs.

Second (Immediate,) Pneumonia.

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Feb. 21 1882

Undertaker, H. Saunder & Son

Place of Business, 202 Canton Ave

Martin Eh M. D.
Medical Attendant.

Address 73 E. Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Saturday of each Week. 53019

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53019 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia R. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 7 *Months,* 2 *Days,*

Color, Mulatto

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Ann Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 252 Hughes St.

Cause of Death, First, (Primary,) Membr. Croup

Second, (Immediate,) Asphyxia.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21st

Undertaker Geo H Perkins Jr & Co

Place of Business, 130 Henrietta St *Address,* 1708 S Charles St

Wm Gould M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ... Returns for Burials, to the Office ... the Returns on Saturday of each week ... Week of this ...

Board of Health, City of Baltimore,

Permit No. 33020 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Blandford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 123 Arlington ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Beantown Charles Co Md

Date of Burial, Feby 22d 1882

Undertaker, F. Kerr's Schaefer

Place of Business, 109 N Fremont *Address,* 146 Hanover St.

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2538 Increased [OVER.]

week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice May Chesney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, her life

Place of Death, {Give street and number.} 257 E Pratt St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 22, 1882

Undertaker, Elisha Cox

Place of Business, 848 86 Bank St

D W Cathell M.D.,
Medical Attendant.

Address, 21 Bruce

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] Back of this Certificate.

Permit Must, in all Cases, Accompany the body to its Destination.

Baltimore,

Permit No. 53022

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fowler

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 4 *Years,* 3 *Months,* 15. *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore. Md.

Duration of Residence in the City of Baltimore, all its life

Place of Death, { Give street and number. } 247. S. Bond St.

Cause of Death, First, (Primary.) croup

Second, (Immediate.) chronic croup

Duration of Last Sickness, about three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus (and)

Date of Burial, February 23

Undertaker, [illegible]

Place of Business, [illegible] Bond

G. A. Johnson, M.D.,
Medical Attendant.

Address, 86. E. Fayette. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 55023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Nichols

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number} 187 Division st Quarantine

Cause of Death {First, (Primary,) ; Second, (Immediate,)}

Duration of last Sickness, 13 days — being a seven months child

All the above information should be furnished by the Physician.

Place of Burial, Laudenn Park Cemetery

Date of Burial February 21. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Frank J Flannery M. D.
Medical Attendant.

Address, N.E. Cor Division & Wilson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Heider

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Chief Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Mosher ~~Street~~ Division St

Cause of Death, First, (Primary.) Hepatic Mesenteric Cancer

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Medical Treatment about 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 22d 82

Undertaker, G. Francis

Place of Business, Bank & Toll

Chas A Doremus M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 53025 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 19 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Dunnock

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [redacted] *Years,* 51 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 8 mts

Place of Death, {Give street and number.} 104 Johnson

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Feb 21st 1882~~ Baltimore Co mts

Date of Burial, Feb 21 st 1882

Undertaker, Armstrong & Dent

Place of Business, 263 Light St

R. B. P. Ellis M. D.,
Medical Attendant.

Address, 313 Lyon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

Permit No. 55026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sandy Manning

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 Pin Alley.

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 21 1882

Undertaker, Wilkins & Dwyer

Place of Business, 62 East St

Frank W Gunon M. D.
Medical Attendant.

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 55027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fisby

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 16 *Years,* — *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 548 Saratoga

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 4 h

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 21 1882

Undertaker, William A Dingee

Place of Business, 62 East St

Thos O'Brien *M.D.,*

Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 53028

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida B. V. Dutetaine

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #117 N Durham St

Cause of Death, First, (Primary,) Cerebral Effusion

Second, (Immediate,) 23

Duration of Last Sickness, Two Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 21 1882

Undertaker, William H Dempsey

Place of Business, ...

Geo T Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 55029 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert J. Holland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty five *Years,* Seven *Months,* Twenty two *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} 210 Fawcett Street

Cause of death, First, (Primary,) Acute Phthisis Pulmonalis

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, February 21 1882

Undertaker, William A Dingle

Place of Business, 62 East St

Whitfield Winans M. D.,
Medical Attendant.

Address, 210 E. Fawcett St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday February 20th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Phillips

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Harlot

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, For Life

Place of Death, { Give street and number. } 7 Chestnut Court

Cause of Death, First, (Primary.) Prolonged Debauch

Second, (Immediate.) Apoplexy

Duration of Last Sickness, Six or Eight Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, February 22nd " 82

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St. *Address,* 57 N. Calvert St

Oldnall *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 50

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55031

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Rosenthal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 281 Eastern Ave

Cause of Death First, (Primary,) Carbuncle

Second, (Immediate,) Pyaemia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, Feb 22

Undertaker, S B Cook

Place of Business, 707 West Baltimore

J. E. Blagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 550

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Randall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 110 Dawnrael St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Spinal Apoplexy 4 or 5 hours

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 22 1882

Undertaker, Henry Hecht

Place of Business, 304 Central ave

W. Grieves M. D.
Medical Attendant.

Address, 259 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55033 *Office of Registrar of Vital Statistics.* Ward 6 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th day of February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelhaid Pöla Elsbeth Melanie Mannel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 17. *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Leipsig, Germany

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No 64 Exeter st

Cause of death, First, (Primary,) Cerebral fever

Second, (Immediate,)

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22nd

Undertaker, Geo. Schilling

Place of Business,

Fred Hulse M. D.,
Medical Attendant.

Address, Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

55034

Board of Health, City of Baltimore,

Permit No. 55034

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Bright Mulatto

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Mary's Co., Md.

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} 68 St Mary's St.

Cause of Death, First, (Primary.) Uterine Tumor

Second, (Immediate.) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 22 1882

Wm. J. Chew, M.D.,
Medical Attendant.

Undertaker, J C Jackson

Place of Business, 53 Park Ave

Address, 87 Hulbert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Name of Deceased, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55035 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1882

Full Name of Deceased, {Write legibly and spell correctly. ~~If an Infant not named,~~ give names of parents.} Margaret Ella Dickson + Shee Dickson

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, ~~4 day~~ ~~Years,~~ ~~Months,~~ 4 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 110 Shields alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Shields al

Cause of death, First, (Primary,) Lockjaw

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, Feb. 22 1882

Undertaker, J. C. Gordon

Place of Business, 63 Park Ave

W. Gray Smith *M. D.,*

Medical Attendant.

Address, Townsend and Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Lentz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 98 S. Dallas St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, 23 Feb 1882

D. W. Hinds M.D.,
Medical Attendant.

{ *Undertaker,* M. Clarke & Sons
{ *Place of Business,* 64 E. Baltimore *Address,* 75 E. Balt. St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33037

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st, '82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Geer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, *~~Widow or~~ Widower*, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 183 W. Biddle St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 23rd 1882

Wm. B. Kerr, M.D., Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 271 W Eutaw *Address,* 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Gesselberger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Plumber

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore "

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 116 Dolphin St

Cause of Death, { First (Primary,) Albuminaria. Second (Immediate,) Toxaemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 23rd 1882

Undertaker, Chas T Scriven

Place of Business, 271 W Eutaw St *Address*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifiente setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificat.

Board of Health, City of Baltimore,

Permit No. 53089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT
FEB 22 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21st February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Heurathy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 Weeks. ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 76 Richmond St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Richmond St.

Cause of Death, First (Primary,) Convulsions.
Second (Immediate,)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 22nd 1882

Undertaker, Chas. Scriven

Place of Business, 2711 Eutaw St

Geo. J. Collins, M. D.
Medical Attendant.

Richmond St. & Park Avenue.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55040 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sommerborn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Hamburg

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 212 West Pratt St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Westminster Burial

Date of Burial, 22 of Febry

Undertaker, Anderson Krull

Place of Business, 206 Columbia av.

, M Feeney M. D.,

Medical Attendant.

Address, 26 Lurman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55041 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anna Arundel Co. Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 16 Parrish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, N B Public Cem

Date of Burial, Feb 22nd 1882

Undertaker, J. A. Kenton

Place of Business,

James A Steuart M. D.,
~~Medical Attendant.~~
Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. E. Gaylor, J.P. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55042

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet M. White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 280 N Howard St

Cause of Death, First, (Primary.) Pneumonia –

Second, (Immediate.) Diphtheria –

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 22nd 1882

Undertaker, Hewlett Keen & Son

Place of Business, 75 N Charles St

Richard McSherry M.D.,
Medical Attendant.

Address, 289 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55045

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Kimmerlinie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 40 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

~~Occupation,~~ —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 249 E. Chase st.

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Feb. 22 1882

Undertaker, H. Sandey & Son

Place of Business, 252 Canton Ave. *Address,* 3 N. Broadway

P. G. Dausel, *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spicuous manner, directed as indicated below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55044

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB 22 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kinnecke

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 249 E. Chase st,

Cause of Death, First, (Primary.) 8 months foetus

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Feby. 22 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave

P. G. Dallard M.D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55045

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

Date of Death, Feb 20th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Bengal

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 286 Canton ave.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) old age

Duration of Last Sickness, 2 Weeks

All the above information, should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Feby 22d 1882

Undertaker, P Landvoigt

Place of Business, ...

J Ernst Steiner M. D.,

~~Medical Attendant.~~ Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. E. Taylor, M. D.

[over.]

No. 55046

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

H DEPARTMENT
FEB 22 1882
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hayward Bates.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 13 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 29 South Broadway

Cause of Death, First, (Primary,) Whooping Cough,

Second, (Immediate,) Cerebral Meningitis.

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 23rd 1882

Undertaker, Denny & Mitchell.

Place of Business, 650 Broadway *Address,* 385 W. Fayette St.

J. W. Carter. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alex. J. White Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* 1 *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 23rd Feb. 1882

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address*

D. H. Butler *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Meks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 736 W. Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Emphysema

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 24 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

W. K. McKnew M.D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55049 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby 20/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. Jackson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Col'd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 83 S. Durham St.

Cause of Death, First, (Primary,) Inflamation of bowels

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemitry

Date of Burial, Febury 24th 1882

Undertaker, Theodore J. Loehr

Place of Business, 73 Jefferson St. *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 55050

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Burns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Harness Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 231 Lexington

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 22 1882

Undertaker, Matthew Cadogan

Place of Business, 227 McCulloh St

J. A. Gillis M. D.
Medical Attendant.

Address, 157 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 53051

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2.23.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria May Sylvannah Mooney

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dalto

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number} 42 Lee

Cause of Death { First, (Primary,) 1 — Supposed to have smothered in bed

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 24 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

[signature] M. D.
Medical Attendant.

Address, 249

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 55062 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse De Haven

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County, Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 152 N. Spring st.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E Baltimore Pub Cem

Date of Burial, Feby 22d 1882

Undertaker, P Muller

Place of Business, ...

Thos A Shaw M. D.,
Medical Attendant.

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. E. Taylor [OVER.]
D. C.

No. 55053

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. A. Schwarzman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None of late

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~327 W Fayette St~~ Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 327 W Fayette St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of last Sickness, He was ill for 10 yrs past

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 23rd 1882

Undertaker, Armstrong & D

Place of Business, 263 Light St *Address,* 36 S. Eutaw St

Jos. E. Chappell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 22d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Renner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty-one *Years,* Seven *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} 22 Patterson St.

Cause of Death, First, (Primary.) Purpura Haemorrhagica gin intemperan

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 24. 1882

D. L. H. Barclay *M.D.,*
Medical Attendant.

Undertaker, Ernst Schlemer

Place of Business, 200. Sharp St *Address,* 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Wiseman

~~Sex~~, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 410 E. Monument St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Enteritis

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23 1882

Undertaker, John Heaney

Place of Business, 382 Columbus Ave *Address,* 208 N. Broadway

C. J. Pinkert *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53056

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, Col

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 1 Salisbury alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 23d 1882

Undertaker, Theodore G Koch

Place of Business, 73 Jefferson st

A Lipsenkiser M.D.,
Medical Attendant.

Address, 11 S. Wolfe St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33057 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Shanbrey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 93 St. Hugh St.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial Fells Point Cemetery

Date of Burial, Friday Feb 24th

Undertaker W. Eilbeck

Place of Business, on Gay st

A B Arnold M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 55058 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Curtis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 107 Cathedral st

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3½ months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 23 82

Undertaker, Abt Reamer

Place of Business, 116 Richardson

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 35059 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md - Somerset Co

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} City - Hosp -

Cause of Death, First, (Primary,) Cardiac Dilatation

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 24th 1882

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry

H. J. Lacian M. D.,
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 21st/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dondhall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Monument Sts No 115

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Phthisis

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 23d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave

P H Reese *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certific

Board of Health, City of Baltimore,

Permit No. 53061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Alfred Groff

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Colored.

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 26 Rebecca St

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Seven months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 25th 1882

Undertaker, T C Gordan

Place of Business, 63 Park Ave.

Patterson M.D.
Medical Attendant.

Address, Richmond Va.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53062 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H Ledbrook

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 18 Lee st

Cause of death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 23 1882

Undertaker, C F Krause

Place of Business, 219 Hanover

J. W. Webster M. D.,
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53063

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, if such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Bosley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 1 8 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 243 Columbia Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, Feb 23 1882

Thomas Bird M. D.
Medical Attendant.

Undertaker, C. F. Kraus

Place of Business, 209 Hanover *Address,* 39 N Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53064

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Mathews

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Butler

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 136 Saratoga St

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 25th 1882

Undertaker, Stewart & Bowen

Place of Business, 35 Park Ave

Chas O Bowen M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 printed on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Grace Sinclair

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 52 *Years,* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 259 Paca St

Cause of Death. First (Primary,): "the woman has been attended by me for years. have not seen her for a months - attended

Second (Immediate,) her then for hemorrhage from the Stomach - her husband says she was taken with hemorrhage yesterday which continued all night. & came on much more freely this morning - No Physician saw her. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 23 1882

Jeff. A. Powells M. D.

Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address* 87 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53066 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 21. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Sims

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ 3 *Months,* ~~~~ *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 6 Cairo St -

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel E.

Date of Burial, Feby 23 1882.

Undertaker, S. H. Chase.

Place of Business, 98 Maryland Ave

Jno. J. Sim M. D.,
Medical Attendant.

Address, 215 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53867 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Johnson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 years ~~Years.~~ *Months,* four *Days.*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederic Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 15 Clinton Ave

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Twenty two hours

All the above information should be furnished by the Physician.

Place of Burial Lauret

Date of Burial, Feb 23 1882

Undertaker, S Wolaver

Place of Business 93 Howard St

Jose L. Romero M. D.,
Medical Attendant.

Address, 245 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55068 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} No 3 Courtland St

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 23 1882

Undertaker, Thos. J. Luger

Place of Business, 62 East St

J H Branham M. D.,
Medical Attendant.

Address, 30 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

Date of Death, Feb 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Camphor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 9 Union Alley

Cause of Death, First, (Primary.) Congenital predisposition

Second, (Immediate.) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Feby 23 1882

E. C. Baldwin *M.D.,*
Medical Attendant.

Undertaker, William N Dugee

Place of Business, 62 East St *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53070 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ross Neals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 9 Eastern Ave

Cause of death, First, (Primary,) Scarlatina et Diphtheritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Feb 24, 1882

Undertaker, Henry Hoyt

Place of Business, 309 Central ave

Wohlwill M. D.,
Medical Attendant.

Address, 60 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33771 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie V Wm Turpin

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~~~ *Years,* ~~~~ *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 259 Orleans St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Feb 23 1882

Undertaker, Thos J. Locke

Place of Business,

Jas A Steuart M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Dr. P. Smith

Board of Health, City of Baltimore,

Permit No. 53073

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Joseph Maguire

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 68 Gough St

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.)

Duration of Last Sickness, Probably several Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 23 1882

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

R W Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55073 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry M. Gallagher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nil

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 48 E. Eager St Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 48 E. Eager

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial Feb 23rd 1882

Undertaker, James D. Byrne

Place of Business No 63 N Front St

D. Stuart M. D.,
Medical Attendant.

Address, 148 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 53074 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Broadbent

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Yorkshire England 50 years in U.S.

Duration of Residence in the City of Baltimore, Ba 50 years

Place of Death, {Give street and number.} North bet Centre & Mount, Res 198 N Calvert

Cause of death, First, (Primary,) Accident

Second, (Immediate,) Struck & killed by train of B & O RR

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 25th Febry 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

Edm'd R Walker M. D.,

~~Medical Attendant.~~

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd Feby 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie E. Israel

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 131 N. Gilmor St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 24th Feby 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

F. D. Madden M.D.

Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33076 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 52 King St

Cause of Death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Shots St Cemet

Date of Burial, Feb 23 " 1882

Undertaker, Saml W. Chase

Place of Business, S Howard St

I Thos A Stevens M. D.,
~~Medical Attendant~~
Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd E. E. Durkee

Board of Health, City of Baltimore,

Permit No. 55077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH. (3)

Date of Death, Feb 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 134 William St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) 7 Days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 24/82

Undertaker, Armstrong and Penny

Place of Business, Light & Montgomery *Address,* 50 Hanover Av

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53078 *Office of Registrar of Vital Statistics.* Ward 16?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Schäffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 11 *Months,* *Days,*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Ice cream maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 114 Ridgely St

Cause of Death, First, (Primary.) Variola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 24th 1882

Undertaker, John L Hoachan

Place of Business, No 180 Lemmon

Wm Goodel M. D.,
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53079 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marion Morgan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Eight *Months,* ..... *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Left Nine

Place of Death, {Give street and number.} Cor. Hanford and Central ave.

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 25th

Undertaker, Geo Schilling

Place of Business, 1st and Lyman

Wm H Hendrickson M. D.,
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33080 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REC'D FEB 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} No. 146 E. Eager St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 24th

Undertaker, George Schilling

Place of Business, Ashland & Lyncan

J. Whitty M. D.,
Medical Attendant.

Address, 24 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5378/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 7 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Ann Co Md

Duration of Residence in the City of Baltimore, About 1 yr

Place of Death, {Give street and number.} 225 E Madison St

Cause of Death, First (Primary,) Secondary Pseudo-membranous Laryngitis

Second (Immediate,) Apnoea - Adynamia

Duration of Last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Feb 25th

Undertaker, Geo. Schilling

Place of Business, 45 Hanover Square

B. H. Grove — M. D.
Medical Attendant.

Address 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2572

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No: 55082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Luckmann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female.

Age, 19 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 284 W. Townsend St.

Cause of Death, First, (Primary,) Phalegmanous Erysipelas

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 25

H. K. Hottenstatt M. D.
Medical Attendant.

Undertaker, Walter Lemmon

Place of Business, 315 Post Building *Address,* 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55083 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Dealet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* 26 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tanner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 281 Argyle av

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,) Dropsy & consequent debility

Duration of Last Sickness, over 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb. 26.

Undertaker, Walter Simmes

Place of Business, 315 W. Biddle

C Winslow *M. D.,*
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5308[illegible] *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Deborah McDonald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, (21) twenty one *Years,* ten *Months,* twenty three *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and number.} 67 S. Ann St.

Cause of death, First, (Primary,) Brights Disease with hemorrhagic death

Second, (Immediate,) Uraemia

Duration of Last Sickness, Probably a year- Very severe a week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, February 24th 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 3 South Broadway

Walter Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53085

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Heath.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, five months.

Place of Death, {Give street and number} 247 W. Biddle

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) with Heart complication

Duration of last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Sept. 24

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Andrew Knell

Place of Business, 206 Columbia *Address,* 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2543

[OVER]

Board of Health, City of Baltimore,

Permit No. 53086

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb: 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie C. Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 127 N. Paca St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) about 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, 25th Feb 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St

F. I. Cullen M.D.,
Medical Attendant.

Address, 52 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53087 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Wm Wall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* Six *Months,* Nine *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 110 High St betw Guy & Low

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Croupous Pneumonia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 23 1882

Undertaker, S. H. Glass

Place of Business, 19 Howard St

Chas B Leigh M. D.,
Medical Attendant.

Address, 523 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
FEB 2
BALTIMORE

Permit No. 55088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Clara Selby

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 147 Bolton St

Cause of Death, { First, (Primary,) Congestion of Lungs
Second, (Immediate,)

Duration of last Sickness, 36 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 24th 1882

Undertaker, J Cuffenkinson

Place of Business, 451 N Charles

C. J. Lauer M. D.
Medical Attendant.

Address, 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53189 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REC'D FEB 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Buriah Pilcomb Md

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and Number.} 616 West Baltimore st

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate.) 15 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Feb 26

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

Alexander Tinsley M. D.,
Medical Attendant.
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53090 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED FEB 25 1882 BALTIMORE

Date of Death, Feby 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, ed

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 34 N. Vincent-alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feby 24th 1882

Undertaker, H. A. Kirchner

Place of Business, 50 S. Carrollton Address, James A. Steuart M. D., Medical Attendant.

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Wm. E. Brown Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55091 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT REC'D OCT 1882 BALTIMORE

Date of Death, Feb. 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Gelston Court

Cause of Death, First, (Primary,)

Second, (Immediate.) Burns-

Duration of Last Sickness, 1 Day & 4 hours.

All the above information should be furnished by the Physician.

Place of Burial Sharp St. Cemetery

Date of Burial, Feb. 24th 1882

Undertaker, Sam'l N. Chase

Place of Business, 198 S. Howard St. *Address,*

Alexander Finley M. D.,
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53092 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lamping

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 154 Balto St.

Cause of Death, First (Primary,) Apoplexy and Paralysis

Second (Immediate,) Coma

Duration of Last Sickness, Dr is not known; he was seen by me three days before death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 25th Feb. 1882

S. D. Chew M. D.

Medical Attendant.

Undertaker H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address* 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby' 23d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelyn Stacey Valiant

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, " " "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City. —

Duration of Residence in the City of Baltimore, — Life time —

Place of Death, {Give street and number} 46 North Broadway

Cause of Death {First, (Primary,) Congestion of Lungs. —
{Second, (Immediate,)

Duration of last Sickness, 10 days. —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, February 25th 1882

W. A. B. Sellman M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 249 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~27~~ February 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander S. Marshall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* 1 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 295 Park Ave

Cause of Death, First (Primary,) Pleuro-pneumonia

Second (Immediate,) Apoplexy and Paralysis with Coma

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Warrenton Va.

Date of Burial, 25th Feb. 1882

S. L. Chew M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 141 Lanvale St

Place of Business, 75 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

2524 Frances

Board of Health, City of Baltimore,

Permit No. 33095

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24 '82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret C Keller Garvan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number. } 37 Marion St

Cause of Death, First, (Primary.) Bronchitis followed two

Second, (Immediate.) days before death by Scarlet Fever

5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 25th February

Robert Harlan M.D.,

Medical Attendant.

Undertaker, Matthias Lachapelle

Place of Business, 227 Hanover St *Address,* Balto Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1882

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Ida Mary Glocker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Seven *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 114 Lanvale St

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Dyspnoea and Debilitas

Duration of Last Sickness, Eleven Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feb 24th 1882

Undertaker, Andrews & Hodges

Place of Business, 446 Pratt ave

J. W. Glocker M. D.
Medical Attendant.

Consulting Physician Dr Hillenberger

Address No. 114 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53097 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1902 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Dr. Vincent's asylum

Cause of death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 25 /02

Undertaker, Pet-Hunt

Place of Business, Asylum

R. H. Schmitt M. D.,
Medical Attendant.

Address, Harlem Ave and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53098 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 2 *Days.*

Color, White —

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} St. vincent's asylum — Lanaton —

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, Feb 25 82 —

Undertaker, P. H. Goldsmith — *M. D.,*

Medical Attendant.

Place of Business, asylum —

Address, Harlem Ave and Calhoun —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53099 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Towson Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 134 Hull St

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 25 1892

Undertaker, J Bloor

Place of Business, 707 W Balto

A. L. Lyon M. D.,
Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53700

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Weatherby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 260 N. Lombard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 10 Days

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 26th 1882

Pembroke McW Wroth M.D.,
Medical Attendant.

Undertaker, John Thacher

Place of Business, No 150 Candler

Address, No 260 N Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53701 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 209 Bank St

Cause of death, First, (Primary,) Coma with congestion of liver

Second, (Immediate,) Congestion of brain in 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26th 1882

Undertaker, John Mackey

Place of Business, No 150 Camden

J H Murray M. D.,
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Brigand

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 70 Eastern Ave

Cause of Death, First, (Primary.) Acute Bronchitis

Second, (Immediate.)

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, February 24

Undertaker, Wm. J. Ifft

Place of Business, 151 S. Bond

D W Cathell *M.D.,*
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53703 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Govert S. Billington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Four *Years,* Ten *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County, Md.

Duration of Residence in the City of Baltimore, Sixty 6 years

Place of Death, {Give street and number.} No. 59 Granby Street

Cause of death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 24th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wm H. Clendinen, M. D., Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Wildgrubs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married ✓

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, dont Know

Place of Death, {Give street and number.} ~~34 years~~ 315 Eastern ave

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) do

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Feby 26 1882

Undertaker, Henry Sander & Son

Place of Business, 252 Canton Ave, *Address,* 86 E. Fayette St

G A Dohme M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53705 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Eichenlaub

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 929 Eastern Ave

Cause of death, First, (Primary,) Congestion of Lungs

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feby 25 1882

Undertaker, H. Rankin & Son

Place of Business, 252 Canton Ave

J. Hulse M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33706 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna R. Lellay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 187 West

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, 26

Undertaker, Armstrong Perry

Place of Business, Monumental Sign & *Address,* 148 Hanover St

Geo. E. Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E Cates

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 56 William St

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 26 / 82

Undertaker, Austin & Denny

Place of Business, Light & Montgomery *Address,* 37 Barnet

H. H. Metzler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

NY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53108

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Hegdon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 19 *Months,* ~~—~~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 291 E. Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 34 Hillen bet St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, February 26/82

Geo. W. Denson M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 114 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 1 0 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Kirby Glocker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eleven *Years,* Four *Months,* Seven *Days.*

Color, W[illegible] *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 114 Lanvale St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Dyspnoea

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 26th 1882

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 David Ave

T. W. Glocker M. D.

Medical Attendant.

Consulting Physician Dr Kelly

Address No 114 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53710 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R O'Toole

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 351 Lexington

Cause of Death, First, (Primary,) Meningitis, Infantile

Second, (Immediate,)

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park.

Date of Burial, Feb. 26. 1882

Undertaker, Matthew Corrigan,

Place of Business, 227 Mulberry St. *Address,* 57 E Fayette St.

J. Miller *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53111

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Stansbury

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Soap Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania 35 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 114 Augusta St.

Cause of Death, First, (Primary.) Organic Disease of Heart

Second, (Immediate.)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1882

Undertaker, Chas Y Locke

Place of Business, 75 Hillyard

Carl E Powell *M.D.,*
Medical Attendant.

Address, 102 Augusta St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53714 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 5 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, fourteen years

Place of Death, {Give street and number.} 333 Franklin St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 26th 1882

Undertaker, F. Lewis Schaefe

Place of Business, 109 N Fremont

H. F. Hill M. D.,

Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cotman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1882

Undertaker, W Perkins Jr

Place of Business, 130 Henrietta st

Chas B. Goldsborough M.D.,
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5311/4 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 93 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ~~Life~~ 80 years

Place of Death, { Give street and Number. } 233 Lexington

Cause of Death, { First, (Primary.) Infirmity of age

Second, (Immediate.) "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 26th 1882. Thos Opie *M. D.,*

Undertaker, Wm. H. Dickman *Medical Attendant.*

Place of Business, No 234 N. Gay *Address,* 39 N Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Perry Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 3/4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nursery & Childs Hospital

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 25

Undertaker, C H Blizzard

Place of Business, 201 Penna Ave *Address*

C. F. Bryan *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55116 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

Date of Death, February 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick G. Rutter.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 24 Fremont St

Cause of Death, First, (Primary,)

Second, (Immediate,) Jaundice -

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sunday 26th 82

Undertaker, John H. McCleaster

Place of Business, 122 N. Gay St

J. W. Hook M. D.,
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 5317 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Wm J. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 N. 8. ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial Feb 26th 1882

Undertaker, Wm Gray

Place of Business, 65 Madison

D. Shell M. D.,
Medical Attendant.

Address, 143 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33718 *Office of Registrar of Vital Statistics.* Ward 13 ½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. L. Roberts

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 263 Mulberry

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Feb. 26th '82

Undertaker, P. Kimmerd

Place of Business, 317 Mulberry St.

F. Miller M. D.,
Medical Attendant.

Address, 59 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53119

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalazia Riha.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 16 Anthony St.

Cause of Death First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Feb 26, 1882,

Undertaker, Henry Hoch

Place of Business, 20 Central ave

J. B. White M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 53120

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33720

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann R McCurley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } _____

Age, 59 *Years,* _____ *Months,* _____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } _____

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 733 W Baltimore St

Cause of Death, { First, (Primary,) Cancer of Stomach / Second, (Immediate,) Exhaustion

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb. 26, 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

J. Wilkes Lyon M. D.
Medical Attendant.

Address, 121 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33721 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT FEB 25 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 23 Mullikin St

Cause of Death, First, (Primary,) Mal nutrition

Second, (Immediate,) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 26th 1884

James H. Smith M. D.,

Medical Attendant

Undertaker, C. A. Whitelock

Place of Business, Granby St *Address,* Corner of Stall & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sworn to L. R. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53742 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura G. Nolan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ~~—~~ *Days.*

Color, col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 50 Chesnut alley

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Croup

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1882

Undertaker, W. H. Dungey

Place of Business, East St

Thomas [illegible] M. D.,
Medical Attendant

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd B. Dugg [OVER.]

Board of Health, City of Baltimore,

Permit No. 53723 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Blank

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 75 Harrison St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 26th 1882

James A Steuart M. D.,
Medical Attendant.

Undertaker, Jas P. Bayne

Place of Business, ~~~ *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by B. Deg 8 [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2nd 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knopf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 11 *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Union St

Cause of Death, {First (Primary,) Phthisis pulm. Second (Immediate,) Asthenia

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 27th

Undertaker, Geo. Schilling

Place of Business, Ashland Lynar

Irving Miller M. D.
Medical Attendant.

Address 192 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53725

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Robison

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 69 S. Eden

Cause of Death, First, (Primary.) Ill health. Labor.

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetry

Date of Burial, Febr 26 th 1882

W. P. Morgan M.D.,
Medical Attendant.

Undertaker, Wm. Silver

Place of Business, 101 Gough St *Address,* 119 N. Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53126

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 32

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lamie E Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 455 N Fremont Av

Cause of Death, First, (Primary.) Accidentally Scalded with Boiling

Second, (Immediate.) water

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 27

Undertaker, Walter Immel

Place of Business, 315 West Baltimore *Address,*

D. D. Stone M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3374 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pedro Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Seven (7) *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltd city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 42 Clinton Street

Cause of death, First, (Primary,) Prematura birth of Infant (Placenta praevia)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, February 26th 1882

Undertaker, Henry Huck

Place of Business, 329 Central Ave.

C. W. Short M. D., Medical Attendant.

Address, 42 Clinton Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Herzberg

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 81 *Years,* X *Months,* X *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 30 years

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 71 N Eagle St

Cause of Death First, (Primary,) Senility

Second, (Immediate,) Collapse

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loft Road

Date of Burial, 27 February

Undertaker, Peitsch

Place of Business, Gough St

A Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53729 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Funk

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~ Years, ~~ Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balte City Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 18 Barnes

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 26th 1882

Undertaker, A. Funk

Place of Business, Essex St. } *Address,* Comm of Health & Registrar

James [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Funk

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53730 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jos. Rollason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Late

Place of Death, {Give street and number.} 96 St Paul St

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, About 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 26th 1882

Undertaker, John Wheeler

Place of Business, No 156 Saratoga St

H. A. Spicer M. D.,

Medical Attendant

Address, 387 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53131

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Coghlan

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 3 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland. 11 Years in U.S.

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give street and number.} 29 Lemon alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Diarrhoea

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 27th 82

Undertaker, Geo Duffy and

Place of Business, 121 Pennsa Ave

Hector H. Goodman M.D.,
Medical Attendant.

Address, 605 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55132 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aurora Kaenel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* —— *Months,* 28 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Factory girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 20 Bartlett St.

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Convulsions

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27th 1882

Undertaker, Geo Lennbrath

Place of Business, 389 W. Balto St. *Address,* 170 S. Sharp St

Wm Gonabel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53733 *Office of Registrar of Vital Statistics.* Ward 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th. February 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Schanel

Sex, Male or ~~Female~~, { Cross ont the word not required in this line. }

Age, 58 *Years,* — *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, { Cross ont the word not required in this line. } ✓

Occupation, Cooper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Beyersdorf, Bavary, Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, { Give street and number. } E. Madeyra Alley 169

Cause of death, First, (Primary,) Hydrothorax et Hydropericardium

Second, (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 27 1882

Undertaker, Henry Sander & Son

Place of Business, 202 Caroline Ave. *Address,* E. Wolfert. 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53734 *Office of Registrar of Vital Statistics.* Ward 1 1882

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Welsh,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and Number.} 3 Gallagher's Court.

Cause of Death, First. (Primary,)

Second. (Immediate,) Peritonitis

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Feb. 28th 82

Undertaker, G. France

Place of Business, Rank & Wolf Address, 94 S. Broadway.

George H. Rohé, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53735 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 25 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Adams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 253 S. Dallas

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 27th 82

Undertaker, G. Frazer

Place of Business, Bark & Nof

R. W. Mansfield M. D.,
Medical Attendant.

Address, 462 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53736 *Office of Registrar of Vital Statistics.* Ward 13 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellily Mathews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 Welsh al

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 27 Harmony Lane

Cause of Death, First, (Primary,) Catarh

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1½ months.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Febry 26 1882

Undertaker, William M Bungee

Place of Business, 10 Stockton Aly

Alexander Tinsley M. D.,
~~Medical Attendant.~~
Coroner

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 55137

Board of Health, City of Baltimore,

Permit No. 55137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Bucy ~~Boyd~~

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, (14) Fourteen *Years,* (6) Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 218 Lanvale St.

Cause of Death { First, (Primary,) Accident.
Second, (Immediate,) Peritonitis

Duration of last Sickness, Fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, February 26th 1882

Undertaker, Wm. C. Sayer

Place of Business, No. 202 N. Eutaw St.

Albert Bachman M. D.
Medical Attendant.

A. H. Carter M. D.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. DULANY & CO. CITY PRINTERS

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53738

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Lime Kiln Gas & Ridgley Sts

Cause of Death, First, (Primary.) Asphyxia from Gas,

Second, (Immediate.) Suffocation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Feb 23/82

Undertaker, Fred'k A Kretchmer

Place of Business, 50 Harrollton Ave

T. S. Bell M.D.,

~~Medical Attendant.~~ Coroner 2d Dist

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53739

The Physician who attended any person in a fast illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, Feb. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hays Wise

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ~~Months,~~ ~~Days.~~

Color, White —

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life —

Place of Death, {Give street and number.} No 199 N. Howard St,

Cause of Death, {First (Primary,) Epilepsy
Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 28th 1882.

{*Undertaker,* J. B. Cook
Place of Business, 707 W. Balto St

Edward H. Wise M.D.
Medical Attendant.

Address No 199 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33740 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Daily

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~ ~~*Single*~~, *Widow* ~~or Widower~~; { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 66 Years

Place of Death, { Give street and Number. } 98 N. Paca St.

Cause of Death, { First, (Primary,) Consumption of Lungs
Second, (Immediate,) 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 27' 1882

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto. St.

J. H. Hoffmore M. D.,
Medical Attendant.

Address, 272 Forest Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53141 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Feb: 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fitzsimmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* Three *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 530 Saratoga St.

Cause of Death, First, (Primary,) "Diptheria"

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ct Peters

Date of Burial, Feb 27

Undertaker, McCeth & Shields

Place of Business, 60 N Carrollton ave

L. G. Guitman, M. D.,
Medical Attendant.

Address, 534 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53744

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 134 Johnson St

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) —

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 27th 1882

Undertaker, S. M. Leonard & Son

Place of Business, 182 W. Baltimore *Address,* 50 Warren Av

C. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53743

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~24~~ 26 February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lary

Sex. Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* one *Months,* Six *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne arundel Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 1. S. Clarret alley

Cause of Death, First, (Primary.) Chronic Nephritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 27

Undertaker, H Ross

Place of Business, 95 Lombard St

J. A. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53144

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 27 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Thomas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Drayman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne Arundle Co Md

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number. } 17 Bruce St

Cause of Death, First, (Primary.) ——

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Annandel Co Md By way Balto & Ohio RR

Date of Burial, Feb 27 1882

Undertaker, William N Dorsey

Place of Business, No 62 East St

J C Skinner M.D.,
Medical Attendant.

Address, 41 W Camden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2347 Franklin

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. b. Scherer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and number.} 11 Harrison St

Cause of Death, First, (Primary.) Pneumonia "Right Lung"

Second, (Immediate.)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 1st 1882

A Lespt Shentzer M.D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 11 S. High St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C Frederick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 388 Chase Street

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Intusingitis

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 27/82

Undertaker, Fry & Sons

Place of Business, 4th Broadway

E Hall Tuttle 8 *M.D.,*
Medical Attendant.

Address, 151 Fiduciary St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53747 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard O'Heurkeimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 5 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Metal business

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 602 W Fayette

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Sinai Cemetery

Date of Burial, 1st March

Undertaker, C Hollander & Sons

Place of Business, Pratt N Concord *Address,*

H K Arnold M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33748 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 26th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Bolton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 37 Greenmount Ave,

Cause of death, First, (Primary,) ~~Fe~~ Probably Scarlet Fever

Second, (Immediate,) Acute Nephritis,

Duration of Last Sickness, 48 Hours,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 28th

Undertaker, H C Wiedefeld

Place of Business, 60 Greenmount Ave

Wilmer Brinton, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55149

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reynolds

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} No 4 Halls Alley

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, February 27

Ellis Richard M. D.
Medical Attendant.

Undertaker, P. Neale

Place of Business, 82 West St. *Address,* 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

S. DUFLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore, 53150

Permit No. 53150 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

Date of Death, Feb 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert J. Carroll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 Little Sharp St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 27th 1882

Undertaker, I. B. Cook

Place of Business, W. Balto St

James A Steuart M. D., Medical Attendant.

Address, Comm of Health

Exam by. B. Dr 9th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 53757

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Seigman

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 32 *Years,* 6 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Coffee Roaster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 71 Ensor St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 27, 1882

Undertaker, Wm. H. Hackman

Place of Business, 234 W. Gay St.

Apple Cain, M. D.
Medical Attendant.

Address, 137 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53152 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth DeShunger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 76 Lawson St

Cause of death, First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six (6) years

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Church Cem'y

Date of Burial, Febr 28th 1882

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

D. L. Griffiths M. D., Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53153 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philanta Bowen

Sex, ~~*Male or Female,*~~ { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 4 *Days,*

Color, Mulatto -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2 Hanson Ct.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions -

Duration of Last Sickness, Nine hours -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Grd

Date of Burial, February 1882

Undertaker, Chase

Place of Business, Clubhouse 35 Pinkney St

Clark Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55154

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 Feby 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant son of Wm J. Figner & Eva K. Figner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1 S. Chester St.

Cause of Death, First, (Primary,) Infantile Unknown - but probably the

Second, (Immediate,) result of Dystocia.

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Mollis's Cemetery

Date of Burial, Feb 26 1882

B F Lemmon M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 252 W. Lexington St. *Address,* 314 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. F. SHULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53755 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Stock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jones Court

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Algysius Cemetery

Date of Burial, Feb 26. 1882.

Undertaker, John Hennig

Place of Business, 392 Orleans St *Address,* 369 E. Baltimore St

J. McCollum, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 55156

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feby 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen K. Turnbull.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5 Franklyn Terrace

Cause of Death, First, (Primary.) Hemiplegia with effusion

Second, (Immediate.) Asthenia

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial Feby 28th 1882

Undertaker, Denny & Mitchell

Place of Business, 350 W Fayette St

Alan P. Smith M.D.,
Medical Attendant. pro. tem.

Address, 45 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53757 *Office of Registrar of Vital Statistics.* Ward 19 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann C. B. Spiner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 0 0 *Months,* 15 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 163 Arlington ave,

Cause of death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about one yr

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28

Undertaker, C. H. Blizzard

Place of Business, 201 Pine ave

H. H. Irvin *M. D.,* Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55158 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cater

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 254 Aberdeen N

Cause of death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Feb 27 - 1882

Undertaker, W Madden

Place of Business, 76 East St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55159

Office of Registrar of Vital Statistics. Ward 7 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mary Kaye

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Two (10) *Months* Eighteen (18) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ocean City since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 191 N Dallas St

Cause of death, First, (Primary,) Diphtheritis - Nephritis

Second, (Immediate,) Uremia

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 28. L

Undertaker, George Schilling

Place of Business, Cor Monument & Aisquith *Address.*

J. T. C. Noon M. D.,

Medical Attendant.

Office Cor Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55760 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McMahon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 1 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25. Penn St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 28th 1882

Undertaker, John L Hooker

Place of Business, No 150 Camden St

Chas F. McHolland M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.-

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 55161

Board of Health, City of Baltimore,

Permit No. 55761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Chapman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give street and number } 161 W. Lombard St

Cause of Death, { First, (Primary,) Pulmonitis (Pneumonia) / Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Feb 27th 1882

Undertaker, P. Medairy

Place of Business,

L. L. Billup M. D.
Medical Attendant.

Address, 161 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. KELLY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Annastatia Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dysentary

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 27 1882

Undertaker, P. Mullin

Place of Business, ———

T. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this Schedule Below, and to Rule [illegible] on the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 55163 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

Date of Death, Feb 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Doss

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ellicott City md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 66 Orchard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 27th 1882

Undertaker, Alex Hemsley

Place of Business,

Thomas Cleaves M. D., Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by. B. Digg

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Accomac Co. Va.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 22 S. Eutaw Street

Cause of Death, First, (Primary.) Chronic Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Lavinia Cemetery

Date of Burial, February 28th 1882

Undertaker, Hall Gilmore

Place of Business, 341 Eastern Ave

Jno. F. Shaw M.D.,
Medical Attendant.

Address, 8 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this Schedule [illegible]

Board of Health, City of Baltimore,

Permit No. 55165 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ziegler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 353 Ostend St.

Cause of Death, First, (Primary,) Croup.

Second, (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, Febr 28th 1882

Wm Gonter M. D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. Address, 705 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
27 FEB 1882
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth King

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 237 E Pratt St

Cause of Death First, (Primary,) Puerperal Fever

Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 1st 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 198 Broadway

E. J. May *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LAIN & CO. ...RS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53767 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Krueger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 264 N Central ave

Cause of Death, First, (Primary,) Entussusception

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial [illegible]

Date of Burial, Feb 28 1882

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 319 N. Central Ave.

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53768 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February. 26. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Katharine Scharschinsky.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 2 *Months,* 19 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 9 yr

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 826 N. Frait st.

Cause of death, First, (Primary,) Heart Desease.

Second, (Immediate,) ~~Ef~~ Apoplexy.

Duration of Last Sickness, Six month

All the above information should be furnished by the Physician.

Place of Burial, St Aloisius

Date of Burial, Feb 28th 1882

Undertaker, Wm P. Kummut

Place of Business,

Louis H. Houn M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33769 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business, *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53170

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest August Sonenburg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 773 Lombard st

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark 6

Date of Burial, Feb 28. 1882

Undertaker, J. R. Blackiston

Place of Business, 660 Lombard st

W. K. McKnew M.D.,

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore,

Permit No. 53771 *Office of Registrar of Vital Statistics.* Ward 7 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Hoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} Belair Ave of Eutaw St

Cause of death, First, (Primary,) Artificial Dropsy

Second, (Immediate,)

Duration of Last Sickness, Our week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 29 1892

Undertaker, Chas Lauter

Place of Business, 66 Hanover st *Address,* 66 Hanover st

J. Ed. Sloan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53772

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ingoglan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 355 Aliceanna St

Cause of Death, First, (Primary.) Burns

Second, (Immediate.) Conjestion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 1st 1882

Undertaker, Jos F. Byrne

Place of Business, 59 N. Liberty

Geo. W. Dandal M.D.,
Medical Attendant.

Address, 146 Harrison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53773 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McKew.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland, Co. Galway.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 324 William St.

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy,

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb. 28th 1882

Undertaker, C. F. Krause

Place of Business,

R. J. N. Tall, M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] ... Rules on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Monica Regina Nilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 22 Months

Place of Death, {Give street and number.} 167 E. Madison St

Cause of Death, First (Primary,) Malegnant Scarletina

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem. E. F. McManus M. D.

Date of Burial, February 27 1882 Medical Attendant.

Undertaker, Wm H Hickman *Address* W. Saratoga

Place of Business, 934 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53775 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 Eutaw St

Cause of death, First, (Primary,) Scarlatina Malygna

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 1. 1882

Undertaker, Wm. H. Aschman

Place of Business, 234 N. Gay St.

D. H. Wine M. D.,
Medical Attendant.

Address, 256 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53776 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Prof Edward Hegin Bothner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 N. Gay St

Cause of death, First, (Primary,) Congestion & Blow of Contusion

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Several Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 1st 1882

Undertaker, Thos S Hughes

Place of Business, 612 Saratoga St

W. H. Lowe M. D.,
Medical Attendant

Address, 183 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5577. *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Huckman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 174 Mulberry St.

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) Meningitis.

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls German Lutheran Cem. Druid Hill Park

Date of Burial, March 1st 1882

Undertaker, John Schultheis

Place of Business, 139½ Mulberry Street

[illegible] M. D.,
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53178 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26-82.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Owens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 38 Eutaw St

Cause of Death, First, (Primary.) Dipthereia

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 27

Undertaker, John H. Owens

Place of Business, 15 & 2 Lee St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Druid St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53779 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Taylor

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 71. *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 Mths.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, B. & P. Centery

Date of Burial, February 27

Undertaker, Patrick Mullin

Place of Business,

J. E. Ashcraft M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 53180

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dietrich Katenkamp

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} No 368 W. Fremont Ln

Cause of Death, First, (Primary.) Cancer of the liver (Medullar Carcinoma)

Second, (Immediate,) the same

Duration of last Sickness, one year & a half

All the above information should be furnished by the Physician.

Place of Burial, Germin Luther Druidhill

Date of Burial, Feb. 28th 1882.

Henry Sadler M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St. *Address,* 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53781 *Office of Registrar of Vital Statistics.* Ward 6 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Seven *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Sin

Occupation, Poor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 613. Bethel St

Cause of death, First, (Primary,) Pericardial Effusion

Second, (Immediate,) Exhaustion Spasms

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Feb. 28th 1882

Undertaker, Theodore G Koch

Place of Business, 73 Jefferson St

Whitfield Winsey M. D.,
Medical Attendant.

Address, 1102 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53782 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie L. Lockman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} No. 9 - L. Pine St.

Cause of death, First, (Primary,) Catarrh

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...nd date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53783 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feb 25th~~ 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thomas Gray

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months.* 26 *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Oxford st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Laryngeal & Bronchial obstruction

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business.

C. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 53184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. E. Sewell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 5' Parish alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 5' Parish alley.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 1

Undertaker, J. J. Chalmers

Place of Business, 341 Penna Ave

G. W. Jones M. D.
Medical Attendant.

Address, Cor. Charles & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 29 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Feby 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacobine Y Ellers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yr 5 months

Place of Death, {Give street and number.} 29 Lafayette St

Cause of Death, First, (Primary.) Malarial Fever Complicated

Second, (Immediate.) with Pneumonia

Duration of Last Sickness, 14 Days —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 28 1882

Undertaker, G. France

Place of Business, Bonk & Wolf

E. Jones Williams M.D.,
Medical Attendant.

Address, 53 Elliott St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55786 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give street and number.} 15 Dunnock ct

Cause of death, First, (Primary,) Gastritis (Chronic)

Second, (Immediate,) Exhaustion from Duration

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1

Undertaker, B. Yeard

Place of Business, 82 West St.

R. A. P. Ellis M. D.,

Medical Attendant.

Address, 818 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33787

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 26th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bridget Lewis

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 31 *Years,* 1 ~~two~~ *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Flaubert near Nicholson & Pratt

Cause of Death, First, (Primary.) Pulmonary tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 1st 1882

Undertaker, W. A. Saiger

Place of Business, 714 S. Broadway

P. H. Dausch *M.D.,*

Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53788 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Wheeler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Thirty-eight *Years,* ——— *Months,* ——— *Days.*

Color, Brown

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Thirty-eight years

Place of Death, {Give street and number.} No. 150 Vine St.

Cause of death, First, (Primary,) Catarrh

Second, (Immediate,) Consumption

Duration of Last Sickness, Few weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 28th 1882

Undertaker, Jas. J. Mace

Place of Business, 138 S. Howard St.

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53189 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Butler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and Number.} 430 W. Lombard st

Cause of Death, First, (Primary,) Mitral Insufficiency

Second, (Immediate,) Cardiac Failure

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Ceme.

Date of Burial, March 1' 1882

Undertaker, J. B. Cook

Place of Business, 707 N' Balto St *Address,*

C. O'Donovan Jr. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53790 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th February 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Kaufman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} West Balto. near Fremont

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Bowels

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Balto. Hebrew. Cem.

Date of Burial, Mch. 1st 82

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 55191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Cath. Lucas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Many Years / Forty

Place of Death, {Give street and number.} No 197 Lamsdale

Cause of Death, First, (Primary.) Chronic Dyspepsia - Chronic

Second, (Immediate.) Bronchitis - Suffocation from

Duration of Last Sickness, Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 1st 1882

Undertaker, Wm Weaver

Place of Business, Nos 202 & 204 Eutaw St

Richard McShea M.D.,
Medical Attendant.

Address, 189 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63792 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 China St

Cause of Death, First, (Primary,) Hereditary Syphilis

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 28 of Feb 1882

Undertaker, Geo H Peters

Place of Business, 130 Henrietta

Wm Goodel M. D., Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 3795 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dan Wieland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 357 Columbia ave

Cause of death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st 1882

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Ave

A L Shein M.D.

Medical Attendant.

Address, 387 W. Lombard "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53794 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schurman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs in America

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 1882

Undertaker, Wm Slade & Son

Place of Business, 29 N. Eutaw *Address,* 1821 Madison Ave

Asa Hickey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53195 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Morris.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oysterman (dredger.)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and Number.} 19 S. Spring St.

Cause of Death, First, (Primary,) Typhoid Fever,

Second, (Immediate,) 3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1882

Undertaker, Wm. N. Gunzel

Place of Business, No 62 East

George H. Rohe, M. D., Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 53196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE HEALTH DEPT. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Paul Sobbatt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Mt. Winans, Baltimore Co.

Duration of Residence in the City of Baltimore, 5 Months.

Place of Death, { Give street and number } 243 N. Calhoun St.

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis.

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenbush Cem

Date of Burial, March 2d 1882 N. M. Littell, M. D.

Medical Attendant.

Undertaker, Pulius Koehler

Place of Business, Sharp & Cairns *Address,* 380 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die [illegible] said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO. CITY PRINTERS AND STATIONERS.

[illegible]

Board of Health, City of Baltimore,

Permit No. 53797 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertina Bedje

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and Number.} 117 Lemmon st

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 1 of March

Undertaker, J. M. Purdum

Place of Business, 1 Fredrick

James Boyle M. D., Medical Attendant.

Address, 319 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33798 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Cunningham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt: Md

Duration of Residence in the City of Baltimore, During Life √

Place of Death, { Give street and Number. } # 314 E. Chase St.

Cause of Death, First, (Primary,) Spinal Disease

Second, (Immediate,) Complication of Diseases

Duration of Last Sickness, 12 or 15 years

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial. March 2nd 1882

Undertaker, Wm. H. Stickman

Place of Business, 234 N. Gay St

Geo. A. Hartman M. D., Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55179 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Jacey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} # 243 N. Eden st.

Cause of Death, First, (Primary,) Erysipelas of face & head

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2 nd 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Geo. H. Newman M. D., Medical Attendant.

Address, # 305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53200 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Muth

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months,* 12 *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 year

Place of Death, {Give street and Number.} Eutaw Ave

Cause of Death, First, (Primary,) Oedema pulmonum acut.

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2d

Undertaker, Geo Schilling

Place of Business, Ashland & Eutaw

Flathes M. D.,
Medical Attendant.

Address, 24 S. Milton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53201 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellanor Burton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 1116 E. Eager St

Cause of Death, First, (Primary,) Congestion of the Lungs.

Second, (Immediate,) Dropsy -

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, March 2nd

E. R. Arnold M. D.,
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Channing Barclay

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bar City

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number} Sharp & Conway Sts

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) Pneumonia

Duration of last Sickness, about 24 days

All the above information should be furnished by the Physician.

Place of Burial, Stamford Conn

Date of Burial, March 2/82

Undertaker, John N. McCoy

Place of Business, Fayette St

Manbury Brewer *M. D.*
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2528 Transcribed

Board of Health, City of Baltimore,

Permit No. 55203

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Wing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, — House Girl

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, About 11 years

Place of Death, {Give street and number.} Rear of 101 Chesnut St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1882

D. McCathran *M.D.,*
Medical Attendant.

Undertaker, Charles White Sr

Place of Business, 35 Granby St *Address,* 217 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55204 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lucas

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 32 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 15 Hillen

Cause of Death, First, (Primary,) Accouchement {Hemorrhage from Placenta Prævia} Laceralis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 hr

All the above information should be furnished by the Physician.

Place of Burial Loud Run

Date of Burial, March 2 1882

Undertaker, Charles Nes

Place of Business, 35 Hillen

D. Shall M. D.,
Medical Attendant.

Address, 143 4 Eden-ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 55.205 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Curtis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 529. W. Lombard

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 2nd March

Undertaker, Thos Kelly

Place of Business, 227 W. Lombard St

Edwd F. Mulholland M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53206 *Office of Registrar of Vital Statistics.* Ward 57

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kennetha [redacted] Holly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 2 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 3 Helen St

Cause of death, First, (Primary.) Cynanche Tonsillaris,

Second, (Immediate,) Oedema of Glottis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1882

{*Undertaker,* Wm. N. Dunger

{*Place of Business,* No 62 East 21st

Geo. W. Rowley M. D.,
Medical Attendant.

Address, Calvert Station

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5320 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ 27 ~~January~~ 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stephenson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 1 Johns Road near Broadway.

Cause of Death, First, (Primary.) Cerebro meningitis

Second, (Immediate,) Convulsions.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1882

B. F. Leonard M. D.
Medical Attendant.

Undertaker, Wm M. Dungan

Place of Business, 962 East-st-

Address, 314 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Queen

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} S. Carolina

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 449 Saratoga

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 1st 1882

Undertaker, Wm N. Sings

Place of Business, No 62 East St

Chas M Eastman M. D.
Medical Attendant.

Address, 349 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53209 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 1
1882
BALTIMORE

Date of Death, February 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Kerchner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number.} 78 Camden St

Cause of death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 1st

Undertaker, F. A. Kerchner

Place of Business, 131 Hanover St *Address,* 16 Hanover St

I. C. Burch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55210 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not reqnired in this line.}

Age, Forty-two *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, Black

~~*Married*~~, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not reqnired in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} No. 181 Orchard St.

Cause of death, First, (Primary,) Neuralgia

Second, (Immediate,) Paralysis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Md.

Date of Burial, March 2nd 1882

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

J. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2529 Trans [OVER.]

Board of Health, City of Baltimore.

Permit No. 53211 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

Date of Death, Feb 27 / 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. P. Frazier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 3 *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Single

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 222 E Lombard

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial Balti Cemetery

Date of Burial, Mar. 2 / 1882 - 2 pm

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St. *Address,* 1431 E Lombard

D. Streett M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53214

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th February 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Grace Cole

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* *10 Months,* ..... *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 112 Townsend St.

Cause of Death. First, (Primary.) Dentitio difficilis.

Second, (Immediate.) spasms.

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 2nd 1882

Undertaker, Wm E Chenoweth

Place of Business, Penna Ave

Robert Arthur Sr. M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53213

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna V. Martin

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 115 Penna. Av.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Mar 1

Undertaker, C. H. Blizzard

Place of Business, 201 Penn av

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 137 N. Caroline Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...Y & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53214

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 304 N. Durham

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Lion Cemetery

Date of Burial, March 2nd 1882

W. B. Billingslea M.D.,
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53215 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1882

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Michael Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Beverly Mass,

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 45 Abbys Alley

Cause of Death, First, (Primary.) Phthisis Pneumonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Pitts Cemetery

Date of Burial, May 2

Undertaker, B Hanle

Place of Business, 82 West St

J. R. Allen *M.D.,*

Medical Attendant.

Address, 158 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53216 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Merten

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Dress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } St Josephs Hospital

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) .....

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's

Date of Burial, ~~Feb 26th~~ 1882

Undertaker, Wm Levy & Bro

Place of Business, Broadway

L. A. Warner M. D.,
Medical Attendant. pro tem.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55217

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Brown

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 70 *Years,* *Months,* *Days.*

Color,

Married, ~~Single,~~ Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About 20 years

Place of Death, { Give street and number. } 11 W Fayette St

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Bronchitis

Duration of Last Sickness, Broken health for years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 2 1882

Undertaker, J B Cook

Place of Business, 707 W. Balto St

Richard McSherry M.D.,

Medical Attendant.

Address, 89 N Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53218 *Office of Registrar of Vital Statistics.* Ward 2 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mullhus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bar keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 231 S Broadway

Cause of death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Pleurisy

Duration of Last Sickness, Several Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, 2nd of March

Undertaker, Wm. Nicolaus

Place of Business, 228 Aliceanna

James E Donnelly M. D., Medical Attendant.

Address, 217 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53219

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 58 Hillman St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Bronchial Catarrh

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 2d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

Jno. Brooke Boyle *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53220 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Williams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 8 *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 26 Church St.

Cause of Death, { First, (Primary,) Croupous Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 2

Undertaker, S H Chase.

Place of Business, 195 Shawan St

Chas. B Leigh M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53221

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert K. Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Job Worker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, About 48 yrs

Place of Death, {Give street and number.} 44 Campbell Ave.

Cause of Death, First, (Primary.) Strangulated Hernia

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louise

Date of Burial, March 2

Undertaker, S H Chase

Place of Business, 108 Howard St

..... *M.D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33244

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kinnetz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 10 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 12 E. Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Catarrh

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 2d

Undertaker, M. Funk

Place of Business, 35 Bank St

A. Hepp Shertzer *M.D.,*
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55223 *Office of Registrar of Vital Statistics.* Ward 14½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Mch 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kilmer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower? {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 14 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.) Atelemia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22

Undertaker, Ernst Soltmann

Place of Business, 200 Sharp St. *Address,* University Hospital

Nash M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55124 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis & Henry Stevens & Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1/12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 188 Aliceanna St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, March 2nd 1882

Undertaker, H Sander

Place of Business,

Geo. N. Benson M. D.

Medical Attendant.

Address, Comm. of Stealth Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53225 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26. '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Findon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, Two months.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Puerperal Septicaemia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Feb 28/82

Undertaker, Fred'k Kercher

Place of Business, 50 Harrollton Ave

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55226

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caywood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 237 Cross St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Presbyterian

Date of Burial, Mch 1/82

Undertaker, Fredk A Keechner

Place of Business, 50 S Carrollton Ave

Ed Beck M.D.,

~~Medical Attendant.~~ Coroner - 2d Dist.

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53227

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st March 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathe A. Quin.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44. *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 336. Mc Donnough Str.

Cause of Death, First, (Primary.) Neuralgia.

Second, (Immediate.) Apoplexia nervosa.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 3. 1882

Undertaker, John W Jackson

Place of Business, Cor. Caroline & Fay

Robert Smithson Jr. M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33228 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Karfkau

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Twenty one years

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial Trinity Cemetery

Date of Burial, March 2d

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

C. H. Mitchell M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53249 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie R. Snowden

Sex, Male or ~~*Female*~~, {Cross out the word not required in this line.}

Age, Four *Years,* three *Months,* ~~*Days.*~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jenkins al.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} W. 22 Eutaw St.

Cause of death, First, (Primary,) Struma

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch. 2nd 1882

Undertaker, Wm H Bishop Jr.

Place of Business, 97 N. Howard.

F. B. Gardner M. D.,
Medical Attendant.

Address, 1204 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53230 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Berry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 8 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Most of life

Place of Death, {Give street and number.} 18 Jordans Alley

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Valvular disease of heart

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch. 2nd 1882

Undertaker, Mrs. F. Burkhardt

Place of Business, 9 & D. Hill Av.

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53231 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1882 BALTIMORE

Date of Death, Mch 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gettes

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 2 *Years,* *Months,* *Days.*

Color, wht

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~Child~~ Messenger Adams Exp.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 438 Mulberry

Cause of death, First, (Primary,) Tubercular consumption

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 4 Mch 1882

Undertaker, Meeks & Shulds

Place of Business, 60 N. Eutaw

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1882 2 1882 BALTIMORE

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robula Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Five *Months,* ~~Days.~~

Color, Brown skin

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City born

Duration of Residence in the City of Baltimore, the time

Place of Death, {Give street and number.} No 180 Nice St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,) Exhaustion.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Hurst St Cemetery

Date of Burial, Wed. 2nd 1882

Edwin McMas M.D.
Medical Attendant.

{*Undertaker,* Sam C. W. Chase

{*Place of Business,* 198. S. Hanover St

Address No 199 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mitchell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 2 *Days.*

Color, Col—

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 36 Vine St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3

Undertaker, Hercules Ross

Place of Business, No 95 Conway St

Thos. J. Beck *M.D.,*

Medical Attendant.

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33231 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Lellutt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stove dealer & Tinware

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria - Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 42 E. Pratt St.

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 Weeks & some days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 5 82

Undertaker, Kaup Bartell

Place of Business, 62½ W Balto

James E Donnelly M. D.,
Medical Attendant.

Address, 199 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55235 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March ~~Feby~~ 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Frantz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Surgeon U. S. Army

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Penna

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and Number.} 44 McCullough St

Cause of Death, First, (Primary,) Spinal Disease - Rheumatism

Second, (Immediate.) Heart Disease

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Fortress Monroe Va.

Date of Burial, 4th March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

Alexander Tinsley M. D.,
Medical Attendant

Address, Corner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2550 Transcript [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Taylor

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Twenty-six *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ex Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Pistol Shot

Second (Immediate,) Internal Haemorrhage

Verdict of coroners inquest justifiable homicide

Duration of Last Sickness, In part of an affray of the prison

All the above Information should be furnished by the Physician.

Place of Burial, C. H. P. Cemetery

Date of Burial, March 2

Undertaker, Patrick Mullin

Place of Business, ...

Silas Baldwin M.D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53237 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1882 11 30 a

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 ~~11~~ *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 93 N Caroline St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Nearly two weeks - Saw the Child Yesterday

All the above information should be furnished by the Physician.

Place of Burial, St. Alyssius.

Date of Burial, March 3d

Undertaker, M. Gaul

Place of Business, 35 Bank

Chas E Brownell M. D.,
Medical Attendant.

Address, 99 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53238 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

Date of Death, March 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Eva Rosendale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 S. Fulton St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial Ft. Alprous Co

Date of Burial, March 4th 1882

Undertaker, Henry Hoeck Sr.

Place of Business, 269 N Eutaw St. *Address,* 103 S. Fulton St

Francis J. Lancer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55239 *Office of Registrar of Vital Statistics.* Ward 13 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Therese Kaulner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Months,* 2 *Days.* *Years,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 176. Mulberry

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry

Date of Burial, March 3rd 1882

Undertaker, H. Rosenberger

Place of Business, 96 Mulberry *Address,* 313 St. Charles

Jno H Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 332440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Winnifred Paul

Sex, ~~Male~~ — *Female,* { Cross out the word not required in this line. }

Age, ~ *Years,* ~ *Months,* 3 5 *Days.*

Color, Bright

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Not known

Duration of Residence in the City of Baltimore, 4 Weeks

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diarrhea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, March 3 1882

Undertaker, P. Mullin

Place of Business, ~

Thos. J Ward M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 55241

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Sutphin

Sex, Male ~~& Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 60 Bank St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, March 8th 1882

Undertaker, John Macher

Place of Business, 80 150 Lanvale St

Jul. Bell M.D.,

~~Medical Attendant.~~ Coroner 2nd Dist

Address, 161 E. Fleet St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 05742 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd. 7.30 P.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lochelamffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. Life time

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 99 Hillen St.

Cause of death, First, (Primary,) Catarrhal Fever

Second, (Immediate,) .....

Duration of Last Sickness, Nearly three Months.

All the above information should be furnished by the Physician.

Place of Burial, Black Rock Balto. Co.

Date of Burial, February 3. 1882

Undertaker, Wm. H. Buchman

Place of Business, 234 N. Gay St.

James E. Donelle M. D.,
Medical Attendant.

Address, 291 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Town 2 2 51

Board of Health, City of Baltimore,

Permit No. 55243 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb. 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Kate Cormick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Assist At Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 30 Boyd St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 3 1882

Undertaker, William N Lenz

Place of Business, No 642 East Balt St *Address,* 561 W Fayette St

Summit H Morris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33244

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy M Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} State of Maine about 42 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 291 Aisquith St

Cause of Death, First, (Primary.) Sudden during Renal Disease

Second, (Immediate.) Probably Ulceration & Rupture of Aorta Abdominal

Duration of Last Sickness, Was sick abed about five weeks

All the above information should be furnished by the Physician.

Place of Burial, green mount Cemetery

Date of Burial, March 4th 1882

Undertaker, John Doke

Place of Business, 161 Balto St

D W Cathell *M.D.,*

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Hartman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Keyser St near Centre St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Keyser St

Cause of Death First, (Primary,) Infantile Convulsions

Second, (Immediate,)

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4 1882

Undertaker, H C Wedefeld

Place of Business,

D. Howell Hartman M. D.
Medical Attendant.

Address, Centre near Howard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5522-46 *Office of Registrar of Vital Statistics.* Ward 1 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 3 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Heck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 418 E. Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4th 1882

Undertaker, H. Sanderson

Place of Business,

Geo. H. Dinsmore M. D.,
Medical Attendant.

Address, Bureau of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53247 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Peach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 2 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 41 East St.

Cause of death, First, (Primary,) Hemorhage } Child bed.

Second, (Immediate,) Exhaustion }

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th

Undertaker, Geo. Schilling

Place of Business, ... *Address,* .....

Wm Wheatley M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora O. Baker

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 92 Fort Avenue

Cause of Death, First, (Primary.) Spinal Disease

Second, (Immediate.) Convulsions

Duration of Last Sickness, Spinal Disease 6 yrs. 1 Convulsion

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 5th

Undertaker, Henry Bridle

Place of Business, Henrietta 81

Q. A. Cooke M.D.,
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33249 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 Chestnut St

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel County.

Date of Burial, March 3rd 1882

Undertaker, C. A. White

Place of Business, Granby St

Geo. N. Benson M. D.,
~~Medical Attendant~~
Comm of Health
Address, & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33258 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 1st 1882 Hester H. Johnson

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fort Hunt

Duration of Residence in the City of Baltimore, 25 yrs —

Place of Death, {Give street and Number.} 106 North St —

Cause of Death, First, (Primary,) Brights Disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 wks —

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3d 1882 D. Stull M. D.,

Undertaker, Sam'l H. Chase Medical Attendant.

Place of Business, 78 S. Howard *Address,* 148 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

5-3-2, 57

Board of Health, City of Baltimore,

Permit No. 53257

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mosher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 87 St Paul St.

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, Five days —

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 82

Wm. H. Mosher M.D.,

Medical Attendant.

Undertaker, Wm & Jos. Gray

Place of Business, 67 Mulberry *Address,* 57 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53252 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O. Gattier

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 489 N. Gilmor st

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 4

Undertaker, C. H. Blizzard

Place of Business, 207 Lenan

James Bosley M. D.,
Medical Attendant.

Address, Biddle cor Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 55253

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kontle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Barania, Germany

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 650 Hanover st

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City Md

Date of Burial, March 4/82

Undertaker, Barney Gat

Place of Business, Ellicott City

C. E. Locke *M.D.,*

Medical Attendant.

Address, 573 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 2662

Board of Health, City of Baltimore,

Permit No. 53254 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Melvin Harvard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* two *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 266 E. Fayette St

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Abingdon Harford Co.

Date of Burial, March 4/82

Undertaker, Frey & Son

Place of Business, 811 Broadway

Walter Way M. D.,
Medical Attendant.

Address, 171 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Market 2553 [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie F. Gottlieb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 284 Lexington St

Cause of Death, First (Primary,) Scarlet fever & Diphtheria

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 4th

Undertaker, F. A. Tall

Place of Business, 130 Aisquith St

F. E. Chatard Jr M. D.
Medical Attendant.

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33256

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* 5 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 211 Orleans St

Cause of Death, First, (Primary.) Senility

Second, (Immediate.)

Duration of Last Sickness, About 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th

Undertaker, Geo. Schilling

Place of Business, Holland Square

D W Cathell *M.D.,*
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 3.2.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Swisler

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 19 Wall st

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 5th 1882

Undertaker, B. Hearle

Place of Business, West st

[signature] *M. D.*
Medical Attendant.

Address, 219 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33258

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Bryan.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 10. *Months,* 15 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer B&O R.R.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} B&O R.R. near Round House, Locust Point

Cause of Death, First, (Primary.) Accidentally fell between a

Second, (Immediate.) train of Cars (drawn by Engine) B&O R.R. — while the train was in motion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Mch. 4th 1882

Undertaker, J.B. Cook

Place of Business, 707 W. Balto. St

Ezk. Bell M.D.,

~~Medical Attendant.~~ Coroner 3d Dist.

Address, 141 E. Lemmon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 4 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard N. Mundoc

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* one *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 82 Morris al.

Cause of Death, First (Primary,) Meningetis (Tubercular)
Second (Immediate,) Asthenia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 4th 1882

Undertaker, Chas T Scriven

Place of Business, 271 W Baltimore St

F. P. McCormick *M. D.*
Medical Attendant.

Address 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53260 *Office of Registrar of Vital Statistics.* Ward 20

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lana Jane Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3-- *Months,* ... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Little Pine st

Cause of Death, First, (Primary.) ...

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physicinn.

Place of Burial W. Pub Cemetery

Date of Burial, March 4 1882

Undertaker, F. A. Kerchner

Place of Business, ... *Address,* Corner

Alexander Tinsley M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53261 *Office of Registrar of Vital Statistics.* Ward 6 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Byas.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 9 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63. N. Durham St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ist Cem

Date of Burial, March 24th 1882

Undertaker, W. H. Dunge

Place of Business, East St

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Comm of Health & Charities

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah Fleetwood

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 324 N Calvert St.

Cause of Death, First, (Primary.) Femoral Hernia

Second, (Immediate.) Shock (Operated 4th day)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 5th 1882

Undertaker, [illegible]

Place of Business, [illegible]

J. W. Chambers *M.D.,*

Medical Attendant.

Address, 133 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53263 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Curtis,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, Colored.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 11 Mott St.

Cause of Death, First, (Primary,) Ascites,

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1882

Undertaker, John H Zick

Place of Business, 613 Fayette St

A. F. Erich M. D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55264 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Colored

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 160 N Spring St

Cause of death, First, (Primary,) Unknown { Probably Hernia

Second, (Immediate,) Nature { Convulsions

Duration of Last Sickness, 5 or 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5, 1882

Undertaker, [illegible]

Place of Business, [illegible]

Edmund Rivaren M. D.,
Medical Attendant.

Address, Corner Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53265 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Sparks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Mr

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Washington Road

Cause of death, First, (Primary.) Pernicious Intermittents Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Mch 5th 1882

Undertaker, Deems & Mitchell

Place of Business, 200 N Fayette St

Geo N Esper M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minerva Tabel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——————

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} # 3 Waverly Terrace

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,) —

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 6th 1882

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette St

Robt L Kneass M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Board of Health, City of Baltimore,

Permit No. 33267

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bast

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 582 - Penna Ave

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May 5th 82

Undertaker, Dea Saffran

Place of Business, 121 Penna Ave

H. J. Stone M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53268 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Williams

Sex, Male or Female {Cross out the word not required in this line.} ~~Female~~ (Mothers)

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1. King St S

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Spasms

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, W. Pch Cemy

Date of Burial, March 4th 1882

Geo. N. Dixon, M. D., Medical Attendant.

Undertaker Fred A. Kershaw

Place of Business, 5 V S. Carroll la Address, Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55269 *Office of Registrar of Vital Statistics.* Ward 1 st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie V. & James Mattiarry (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 362 Canton ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4th 1882

Geo. N Dawson M. D., Medical Attendant

Undertaker, J. L. Sanderson

Place of Business, 252 Canton av Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53270 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 60 N. Eden st

Cause of death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 6th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount av

Geo B Reynolds M. D., Medical Attendant.

Address, Calvert & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melville H. Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number} 88½ Franklin St

Cause of Death First, (Primary,) Meningitis.

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial Prince Georges Co Md

Date of Burial, March 5th 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2552 Transit

Board of Health, City of Baltimore,

Permit No. 55272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2" 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel T. Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 427 N. Carey st

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 2" 1882

Undertaker, F. A. Kirchner

Place of Business,

C. A. Cooke *M.D.,*
Medical Attendant.

Address, 513 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Brown

Board of Health, City of Baltimore,

Permit No. 53273

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Staples

Sex, ~~Male.~~ *Female,* {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 631. Hanover. St

Cause of Death, First, (Primary.) Diptheria.

Second, (Immediate.)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, March 5th 1882

H B Stobb M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 53. Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Said Undertaker to visit the Doctor for Cause

Board of Health, City of Baltimore,

Permit No. 55274 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Warbrick

Sex, ~~*Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nova Scotian

Duration of Residence in the City of Baltimore, 3 wks

Place of Death, {Give street and number.} Dispensary Hospital ✓

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Congestion Lungs

Duration of Last Sickness, 3 wks (6 days in Hospital

All the above information should be furnished by the Physician.

Place of Burial Halifax N.S via Boston Mass.

Date of Burial, March 12, 1882

Undertaker, Thos. A. Hughes

Place of Business, 6 E Balto

Oscar J. Carter M. D.,
Medical Attendant.

Address, 180 W Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55275

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Mar 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Walker

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, One Known *Years,* *Months,* *Days.*

Color, Bk

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Farmer, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover Pa.

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 6 Penn ave.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 5th 1882

Undertaker, Wm J Gray

Place of Business, 6 & Nuttery

E B Gullett M.D.,
Medical Attendant.

Address, Honored for Disk.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

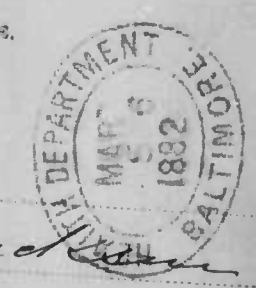
Permit No. 55276

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 4 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 123 Hill St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Bright disease of Kidneys

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 6 1882

Undertaker, R W Chase

Place of Business, 198 Harrison St

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Dainsfield

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 97 Harlem Ave

Cause of Death, First (Primary,) Fracture of Thigh & Pelvis

Second (Immediate,) Pelvic abscess and asthenia

Duration of Last Sickness, Since Dec. 16th 1881; 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. L. Chew M. D.

Date of Burial, March 6th 1882 Medical Attendant.

Undertaker, Wm Weaver *Address* 141 Lanvale St

Place of Business, No 202 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

Board of Health, City of Baltimore,

Permit No. 55278 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Knebel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} #266 S. Dallas St. At this residence

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 5th 82

Undertaker, G. Trance

Place of Business, Grant & Wolf Sts. *Address,* 2413 Alice Anna St

John H Rehberger M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55179 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 602 Canton Ave

Cause of death, { First, (Primary,) [illegible] Second, (Immediate,) Inflammation of Lungs

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 6 1882

Undertaker Henry Sander & Son

Place of Business, 602 Canton Ave *Address,*

[illegible] *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Shuey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 6 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 210 Dover St

Cause of Death, { First, (Primary.) Trismus Neonatum / Second, (Immediate.) Inanition

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery

Date of Burial, March 5

{ *Undertaker,* H Ross

{ *Place of Business,* 96 Hollins St

A. M. Gatton M.D.,

Medical Attendant.

Address, 343 Richmond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5521 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fowler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} 52 Conway

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Olivet Cemetery

Date of Burial, March 6th 1882

Undertaker John Meacher

Place of Business, 150 Camden

J. W. Webster M. D.,
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55282 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Mc[illegible] Francis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — 18 — *Years,* — 8 — *Months,* — 16 — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 200 Cor Eden & Monument St

Cause of death, First, (Primary,) Tuberculosis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, March 6th 1882

Undertaker, Wm H. Hickman

Place of Business, No 234 Gay St

[illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No 2086

Board of Health, City of Baltimore,

Permit No. 53283 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Stutzman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 199 Boston St.

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions - Coma

Duration of Last Sickness, One (1) day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 6th 83

Undertaker, G. Frank

Place of Business, 1 Pant & Wolf

D. L. Winter M. D.,
Medical Attendant.

Address, 41 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 532814 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Grant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 611 Fremont Ave

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Mar. 6. 1882

Undertaker, M. A. Dayu

Place of Business, [illegible] E. Baltimore

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53285 — *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch E. Shuck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 22 Forest Place

Cause of death, First, (Primary,) Membranous Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 7/82

Undertaker, Fry & Son

Place of Business, 512 Broadway

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Blackwell Sumner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chicago

Duration of Residence in the City of Baltimore, 4 M Ills

Place of Death, {Give street and number.} 794 N. Bolton St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 6th 1882

Undertaker, Friedrich J Hammett

Place of Business, No 29 Scott and Court St

F. M. Cullen M.D.,

Medical Attendant.

Address, 582 N. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53287 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph N. Auld.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shipsmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 William St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pernicious Intermittent,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 6th 1882

Undertaker, Armstrong & Co

Place of Business, 263 Light St

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. SS 288 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Egan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto and ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 184 W. C. Henry St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 6 March

Undertaker, Matthew Cashman

Place of Business, 227 Madison *Address,* 887 W Lombard

H. L. Shaw M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55289 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 491 Lexington

Cause of death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,) and Asthma

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 7' 1882

Undertaker, J. B. Cook

Place of Business, 709 W. Balto. St

Edw'd F. Michael M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 33290

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 20 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 444 Lexington St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Three (3) years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 8 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 33291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edgar Bradley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book finisher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 191 E. Lombard St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo. D. Kinnemon M.D.,
Medical Attendant.

Address, 73 E. Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Francis Mosher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 72. *Years,* 5 *Months,* 18 *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicotts City Howard Co Md

Duration of Residence in the City of Baltimore, About 45 years

Place of Death, {Give street and number.} 240 Orleans Street

Cause of Death, {First (Primary,) Nervous Prostration; Second (Immediate,) Pneumonia}

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. E. Whitford M. D.
Medical Attendant.

Address 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 53293

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Zickler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* Two Wales *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. Exter St No 38.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial Balto Cemt.

Date of Burial, March 6 1892

John A Schultz M.D.,
Medical Attendant.

{*Undertaker,* H. Sander & Son

{*Place of Business,* 202 Caroline Ave *Address,* N E Cor Bought & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Send out Section

Board of Health, City of Baltimore,

Permit No. 5294 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Sachs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington, D. C.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 119 E. Baltimore St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria,

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery Co.

Date of Burial, March 6th 1882

Undertaker, Thos S Hughes

Place of Business, 611 E Fayette

J. W. Houck M. D., Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Send Bill below

Board of Health, City of Baltimore,

Permit No. 53295 *Office of Registrar of Vital Statistics.* Ward 15

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gould

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Twenty three *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} #16 N. Exeter

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, March 6th 1882

Undertaker, J. Wallace

Place of Business, 18 Spring Street

Julius Rau M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55296 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanah Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Staunton Virginia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 168 Stirling St

Cause of death, First, (Primary,) Addisons Disease

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 6th 1892

Undertaker, Geo J Weber

Place of Business, 413 Lemmon St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 23 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53297

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac J. Wilmore

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 51 East St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1882

Undertaker, Wm M. Enzer

Place of Business, No 62 East St

Samuel T. Powell *M.D.,*

Medical Attendant.

Address, No 29 Aisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert R. Lapp

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, About 58 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 197 S. Stricker

Cause of Death {First, (Primary,) Typhoid Pneumonia

{Second, (Immediate,) ~~Sundays~~

Duration of last Sickness, Ten Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Mch 8 1882

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 N. Balto. St

John Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53299 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mason

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 11 *Months,* 16 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gloucester County Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 314 Mosher St

Cause of death, First, (Primary,) Febris Typhoides

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gloucester County Virginia

Date of Burial, 7 March

Undertaker, J H Holmes

Place of Business, 341 Penna ave

A. C. Fox M. D.,
Medical Attendant.

Address, 464 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2558 Hanover [over.]

Board of Health, City of Baltimore,

Permit No. 53300 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Beck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 19 Patterson ave

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days (Twas first called Saturday 4th inst

All the above information should be furnished by the Physician.

Place of Burial, Balt. Camden

Date of Burial, March 8 0

Undertaker, Walter Inmon

Place of Business, 315 West Baltimore

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore,

Permit No. 55301 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Cole

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} * 252 E. Biddle st.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Green Mount.

Date of Burial, March 7th 1882

Undertaker, Wm. H. Hitchman

Place of Business, 234 N. Gay st. *Address,* * 305 N. Caroline st.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53302 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 54 York ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Puerperal Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, May 7

Undertaker, B. Hartig

Place of Business, 82 West St

Address, 146 Hanover St

Signed Theodore Cook M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53303

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 D 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ February 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 36 Byrd st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 7

Undertaker, B. Flack

Place of Business, 82 West St

O. A. Cooke M.D.,
Medical Attendant.

Address, 573 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33304 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. Lorraine

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* 4 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, Major U.S.A.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pa -

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and Number. } at Jarvis Hotel -

Cause of Death, First, (Primary,) Albuminuria (Bright's Disease)

Second, (Immediate,) Uremic Convulsions

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial West Point New York

Date of Burial, March 8th 1882

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

G. Van Reiter M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

25 S 9

Board of Health, City of Baltimore,

Permit No. 53305 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. B. Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 10 Thomas —

Cause of death, First, (Primary,) Acute Bronchitis.

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 Days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 7th 1882

Undertaker, Charles White

Place of Business, 35 E. Franklin St *Address,* 238 N Broadway

W. E. Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE.

Date of Death, Mar 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nora Kalon

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, Years, 22 Months, — Days.

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 22

Place of Death, { Give street and number. } 147 Paca st

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) Phthisis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 7th 1882

{ *Undertaker,* J. F. Byrne

{ *Place of Business,* 59. N. Liberty St

William Lee M. D.
Medical Attendant.

Address 339 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 55307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 7 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March, 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dehnert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} 708 Light St

Cause of Death, First, (Primary.) General Adynamia

Second, (Immediate.) General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, March. 8th

A Frd Shertzer *M.D.,*
Medical Attendant.

Undertaker, George Leimbach

Place of Business, 708. Light St *Address,* 11 S. 14th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53308 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincent's Asylum

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 7/82.

Undertaker, Jorge Sheehan.

Place of Business, asylum

R. McGoldsmith M. D.,
Medical Attendant.

Address, Harlem Av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33369 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert.

Sex, Male ~~or Female~~, {Cross out the word not required in this line}

Age, — *Years,* — *Months,* 2 — *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincent's Asylum —

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 7/82.

Undertaker, George Sheehan.

Place of Business, asylum

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem Av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33310 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line:}

Age, 63 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~: {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Moores ab

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, March 9

Undertaker, J C Jordan

Place of Business, 63 Park Ave

Alexander Tinsley M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53311 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Bowen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 2 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 367 S Charles ✓

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 7th 1882

Undertaker, Wm Mackie

Place of Business, Ft Mc Comdent

Fenton Cox M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53312 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Suzanna Carter

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 about *Years,* But-add Months, — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 94 Columbia Ave

Cause of death, First, (Primary,) Bright Disease

Second, (Immediate,) & Exhaustion

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 8th 1882

Undertaker, John Sheridan

Place of Business, 150 Caroline St

J. H. Emery *M. D.,*
Medical Attendant.

Address, 76 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Brantly D.D.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* 8 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Minister

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Beaufort S. C.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 251 N. Eutaw St

Cause of Death, First, (Primary,) Angina Pectoris ?

Second, (Immediate,)

Duration of last Sickness, ½ Hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8th March 1882

Undertaker, H. H. Jenkins & Son

Place of Business, 75 N. Charles St.

D. S. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 53314

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucia Wicke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, { Give street and number. } 335 W Conway St

Cause of Death, First, (Primary.) Empipelas

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, London Parks

Date of Burial, March 7th 82

Undertaker, John P. Paulus

Place of Business, 66 Fred St

J J Woods M.D.,

Medical Attendant.

Address, 203 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53315 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Johnson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 204 E. Front

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 7th 1882

Undertaker, James O'Byrne

Place of Business, No 63 N Front St

Geo. Ryndy M. D.,
Medical Attendant.

Address, Calvert Mansion

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33316 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and number.} 31 E Monument

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ Cemetery

Date of Burial, March 7th 1882

Undertaker, James E Byrne

Place of Business, No 63 N Front St

Geo B Emerson M. D.,
Medical Attendant.

Address, Cor Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53317 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta M. Cox

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 291. W. Lombard St

Cause of death, First, (Primary,) Cerebral Softening (apoplexy) Assisted

Second, (Immediate,) The death being Sudden

Duration of Last Sickness, Feeble for some years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, March 8" 1882

Undertaker, Benny Mitchell

Place of Business, 550 W Fayette St

Edw. F. Michaelis M. D., Medical Attendant

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53318 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *fully and accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. George Hildt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Clergyman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 303 N. Carrollton Ave

Cause of death, First, (Primary,) Organic Disease of Heart & Kidneys

Second, (Immediate,) Uraemic Poisoning

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, A. A Co Md

Date of Burial, March 9th 1882

Undertaker, Dunn & Mitchell

Place of Business, 350 W. Fayette

John Neff M. D.,
Medical Attendant.

Address, 304 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2561 Hanover [OVER.]

Board of Health, City of Baltimore,

Permit No. 53319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

Date of Death, March 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Hartlove

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rockville Montgomery Co.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 15 Wall St

Cause of Death, First, (Primary.)

Second, (Immediate) Heart failure

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 8/82

Undertaker Armstrong & Cenny

Place of Business, Light & Mulberry

Geo. H. Dorsey M.D.,
Medical Attendant.

Address, 166 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3h 45m A. M. 6th March, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Jünke

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* 10 *Months,* 9 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, I think about 36 years

Place of Death, {Give street and number} Cor Carey & Chappel Sts & ref

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) "

Duration of last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 7th

Undertaker, [illegible]

Place of Business, [illegible]

Wm J. Ford M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 55321 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Queen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 46 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mch 6/82

Undertaker, Fred'k A. Kretchmer

Place of Business, 50 S. Carollton Ave

J. WEST M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53322 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellis Stansbury

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Fifteen *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mount Hope Baltimore Cty

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 121 York St

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 7th 1882

Undertaker, Geo. W. Atkins Jr & Co

Place of Business, 130 Hanover St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55323

ALTERATIONS MADE MAR 7 1882 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Campbor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Schoolboy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 184 Howard St (South)

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia Tuberculosis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7th 1882

Undertaker, Chas. W. Chase

Place of Business, 98 S Howard St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rev' Anthony Urbanzick

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Priest —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hebren - Austria (38 yrs in Am-

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } Trust's House of St. James' Church

Cause of Death, { First, (Primary.) Old age with / ~~Second, (Immediate.)~~ Hypertrophy of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Comt

Date of Burial, March 8. 1882

Undertaker, Henry Hook

Place of Business, 30 Centre Mk

Oscar J. Cluster M.D.,
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A McDowell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 79 Eutaw St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Dysentery

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 8, 1882

Undertaker, George Schilling

Place of Business, Monument & Eutaw Sts *Address,* 138 N Eutaw

C A Hutton M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55396 *Office of Registrar of Vital Statistics.* Ward 8 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 0 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. O'Connor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and Number. } 17 Harford Ave East side

Cause of Death, First, (Primary,) —

Second, (Immediate,) Scarlatina Anginosa

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, March 8th 82.

Undertaker, Charles L Sanini

Place of Business, Eutaw St near Biddle

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55327 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Snyder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~ *Years,* *Months,* 5 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } c

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 274 N Bond St

Cause of Death, { First, (Primary,) Glomerulonephritis / Second, (Immediate,) Cyanosis Glomerulonephritis

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (Cem'y)

Date of Burial, March 8 1882

Undertaker, Peter Fenby

Place of Business, 461 N Gay

Geo F Taylor M. D., Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33328

BALTIMORE DEPARTMENT MAY 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Welch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 S Spruce St

Cause of Death { First, (Primary,) Croup
, { Second, (Immediate,)

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 8 82

E May *M. D.*
Medical Attendant.

Undertaker, G. France

Place of Business, Bonk & Wolf *Address,* 4 & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33329 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca T. Harris Heims & Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 Little Mc Elderry St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, March 8th 1882

Undertaker, Meyers Wolfe & Co

Place of Business, ~~~ *Address,* Comm of Health

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 53330 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 Aisquith St

Cause of Death, First, (Primary.) Paralysis of the heart

Second, (Immediate.)

Duration of Last Sickness, a few moments

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 9th March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N Charles St.

W. B. Billingslea M.D.,
Medical Attendant.

Address, 236 E John St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53331 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Schleickman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 51 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Coach builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 838 W. Baltimore St.

Cause of Death, First, (Primary,) Brain trouble, the result

Second, (Immediate,) of Albuminuria ~~Mania~~ & Tuberculosis

Duration of Last Sickness, I believe about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 30th

Undertaker, S. M. Leonard & Son

Place of Business, 782 Baltimore st

G. Luthiam M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 53332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Celeste Robson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 201 Jefferson St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 8th 1882

Undertaker, M. A. Dwyer

Place of Business, 745 S. Bond

E. P. Lynch M. D.
Medical Attendant.

Address, [illegible] E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33333 *Office of Registrar of Vital Statistics.* Ward 3 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Dillen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 8 *Months,* ..... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 99 S. Dallas st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallis st cemetery

Date of Burial, March 8. 1882

Undertaker, Theo J Locke

Place of Business, 73 Jefferson st

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53334

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas P. Cunningham.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number.} #78 Market Place.

Cause of Death, First, (Primary.) Tuberculosis.

Second, (Immediate.) Convulsions.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, S. Vincents Cem

Date of Burial, March 8th 1882

Undertaker, Wendell Lloyd

Place of Business, 151 Bond

James Bonn M.D.,
Medical Attendant.

Address, #110 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Cox

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 532 Druid Hill Ave ✓

Cause of Death, {First (Primary,) Pericardial Abscess
{Second (Immediate,)

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, [redacted] Mountain Cem

Date of Burial, Wednesday March 8

Undertaker, J. M. McCoy & Co

Place of Business, 22 N. Fayette St *Address*

J H Keech *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53336 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hamburger

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 Marion St

Cause of Death, First, (Primary.) Inhalation of Chloroform

Second, (Immediate.) .....

Duration of Last Sickness, — Instantaneous —

All the above Information should be furnished by the Physician.

Place of Burial Lloyd St Synagogue

Date of Burial, March 8 1882

Undertaker, J. F. Byrne

Place of Business, 59 N. Liberty St. *Address,* .....

Alexander Hurley M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Irvin

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 32 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 Lemmon St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 6 82

Richard McShane M.D.,
Medical Attendant.

Undertaker, Edward Wagner

Place of Business, 30 Park Ave *Address,* 189 W Hamburg

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53338 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice S. Birkhead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifteen *Years,* Four *Months,* Twenty Six *Days,*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 212 Low St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 9th 1882

Undertaker, Wm J. Tilton

Place of Business, 65 S. Eutaw *Address,* 221 Barre St

J. Tyler Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 12 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 15 Wayne St

Cause of Death, First, (Primary.) Tuberculous = Phthisis

Second, (Immediate.) Hemorrhage et Exhaustion

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 8

Undertaker, H Ross

Place of Business, 75 Conway St.

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53340 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Rollins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 4 *Months,* 7 *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 215 Mulliken St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 8th 1882 M. D.

Undertaker, W. M. Dungey

Place of Business, East St *Address,* ~~Medical Attendant~~ Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Martin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, + 72 *Years,* *Months,* *Days.*

Color, White *Sex;* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, +

Place of Death, { Give street and number. } No. 62 Whitehall St

Cause of Death, First (Primary,) General Paralysis

Second (Immediate,)

Duration of Last Sickness, About six month

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 9/82

Undertaker, M. E. Chenowith

Place of Business, 336 Pratt

B. F. Herman *M. D.*
Medical Attendant.

Address 175 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th of March 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen White

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 48 *Years,* 8 *Months,* *Days.*

Color, Col *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~ { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } U S A

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 91 Arch St.

Cause of Death, First (Primary,) Scirrhus of Liver

Second (Immediate,) exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1882

Undertaker, Wm H Eichhorn Jr.

Place of Business, 99 E. Pratt

D W Feldman M. D.

Medical Attendant.

Address 120 Park St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 033343 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Grahame

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, About Seventeen Years

Place of Death, {Give street and number.} Grindall's Ct, Bushey St

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, about One Month

All the above information should be furnished by the Physician.

Place of Burial, Shaft Ave Cemetery

Date of Burial, March 8th 1882

Undertaker, Nor Graham (Col)

Place of Business, 66 Pearl Alley

Julius Dell, M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 533-44 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augie M. Hohman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 20 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 191 S. Washington st

Cause of death, First, (Primary,) not fully developed (8 months)

Second, (Immediate,) Inanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Set Paulus Cemetery

Date of Burial, March 8th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton ave

L O Dinkmire M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5333-15 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Isabella McCall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number.} 179 Columbia Ave

Caus of death, First, (Primary.) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 9 1882

Undertaker, Mathew Cadegan

Place of Business, 22 Mulberry St

Edwd. F. Miehle M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33346 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mack

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Deity

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} On Emory & Portland

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Cerebral Meningitis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 8th 1882

Undertaker, Sew Lemmon & Co

Place of Business, 249 N. Paca St

Jno D Blake M. D.,
Medical Attendant.

Address, 768 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53347 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 13 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 300 Clarkson alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial. W. Pub Cemetery

Date of Burial. March 8th 1882

Undertaker, F. A. Kirchner

Place of Business, ———

Geo. W. Benson M. D.,
Medical Attendant.

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 53348

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sterlinski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 27 Lancaster St,

Cause of Death. First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate.) ——

Duration of Last Sickness, 4 Days,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, March 9-1882

Undertaker, Patrick Mullen

Place of Business, ——

J. J. Sullivan, *M.D.,*
Medical Attendant.

Address, 116 Thames St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mary Light

Board of Health, City of Baltimore,

Permit No. 53349 *Office of Registrar of Vital Statistics.* Ward 4 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 = 92

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Hadamann

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 49 S. Caroline

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cem.

Date of Burial, March 9 To 1892

Undertaker, Michael Funk

Place of Business, No 35 Bond *Address,* 245 E. Baltimore

Flatau M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53350 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Müller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dr Joseph's Hospital

Cause of death, First, (Primary,) Cancer Uterus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphasus cemetery

Date of Burial, March 9, 1882.

Undertaker, John Blatchmt

Place of Business, 206 Fondaldst

Oscar J. Lokers M. D., Medical Attendant.

Address, 188 N. Calvert st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5535 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8-1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Martin Graney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 N Amity St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since its Birth

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 8-1882

Undertaker, J. B. Cook

Place of Business, 707 N Gay St

Geo. N. Benson M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53382 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Hebrons

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 65 Russell St.

Cause of death, First, (Primary,) ....

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harmd Ceme

Date of Burial, March 9th 1882

Undertaker, Sam C. Hebrons

Place of Business, 198 S. Howard St.

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 mch 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F. Gaussen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} —

Age, — *Years,* 11 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1188. Washington St. {Preceding Numbs.}

Cause of Death, First, (Primary,) cerebro-spinal meningitis

Second, (Immediate,) asphyxia.

Duration of last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 9 1882

B. F. Leonard M. D.
Medical Attendant.

Undertaker, C. Gruss & Son

Place of Business, 23 Centre St

Address, 324. S. Washington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B Bayard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, a 14 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Hatter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number} Adelphi Hotel

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Cirrhosis of the Liver & Dropsy

Duration of last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, March 9th 1882

J. Uhler, M. D.
Medical Attendant.

Undertaker, Stewart & Worden

Place of Business, 35 Park ave *Address,* 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53355 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 7 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Jane Fry

Sex, Male or Female, (Cross out the word not required in this line.) F.

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ (Cross out the word not required in this line.)

Occupation, ...

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore Co.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, (Give street and Number.) 20 Oxford St

Cause of Death, First, (Primary.) Phthesis pulmonalis

Second, (Immediate.) .....

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, March 9th 1882

Undertaker, Jno. M. Chase

Place of Business, 98 S. Howard St *Address,* .....

J. L. Watkins M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2563 Transcr [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney A. Norris

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 86 Orchard St.

Cause of Death {First, (Primary.) Uterine Carcinoma

& Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 7 1882

Undertaker, [illegible]

Place of Business, [illegible]

F P Keller M. D.
Medical Attendant.

Address, 85 W. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53357 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Seibert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 346 N. Durham St

Cause of Death, First, (Primary,) Spasmus Nascentium

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial Balto Cem

Date of Burial, March 9 1882

Undertaker, B. Hale

Place of Business, —

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55359 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonie Lauhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Covington

Cause of death, First, (Primary.) Intemperance

Second, (Immediate.) Epileptic Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Mar 9

Undertaker, B. Flack

Place of Business, 82 West; *Address,* 213 Light.

W P Ellis *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 55359 *Office of Registrar of Vital Statistics.* Ward D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 '82 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th March 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John King.

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, Sixty (60) *Years,* ... *Months,* ... *Days,*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Worked in N.C. R.R. depot. Calvert St.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, Thirty two years.

Place of Death, { Give street and Number. } 183 Fourth St. Baltimore Md.

Cause of Death, First, (Primary,) Disease of the tricuspid & aortic Semilunar Valves

Second, (Immediate,) Asphyxia or Syncope. from Suspended Circulation.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, March 9 1882

Undertaker, James P Boyfore

Place of Business, No 63 S Front St

Wm C Van Bibber M. D.,
for Dr. Claude Van Bibber Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Bal...

Permit No. 55360

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Steele

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* *Months,* / *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, quick born

Place of Death, {Give street and number.} 60 Albemarle st.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 9th 1882

Undertaker, James D Byrne

Place of Business, No 63 N Front St

P. L. Daniel M.D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 55361

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 IC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 7th Av - near Cooks in 81st

Cause of Death, First, (Primary.) Accidentally run over by a Car of Jones R.R. on 7th Av -
Second, (Immediate.)

Duration of Last Sickness, Circa about - 4/2 hours -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 9th

Undertaker, B. Hale

Place of Business, No. 82 West St

R. A. Bell M.D.,
~~Medical Attendant.~~
Coroner 2d Dist

Address 141 E Eager St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53362 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 9. 30 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam. Brendell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Day Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 258 E Pratt

Cause of death, First, (Primary,) Icterus

Second, (Immediate,) Hydrops

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

John S. Fitzer M. D.,
Medical Attendant.

Address, 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33363

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 429 E. Baltimore St

Cause of Death. First, (Primary.) Drain Pox,

Second, (Immediate.) Pneumonia Fifth Stage

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 9 1882

Undertaker, [illegible]

Place of Business, 336 Pennsa

Col. Earle *M.D.,*

Medical Attendant.

Address, 513 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 55364 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 10 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 47th March 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 44 Plum alley

Cause of Death, First, (Primary.) Exposure on varicella

Second, (Immediate.) Acute Nephritis & convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1892

Undertaker, Sam'l. W. Chase

Place of Business, 198 E. Howard St

F. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53365

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 9 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esau Ames

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 47 Forest St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Haemoptosis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 10

Undertaker, H S Mchose

Place of Business, 198 Howard

David F. Powell M.D.,
Medical Attendant.

Address, No 19 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3. 8. 82

Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Wright

~~*or Female,*~~ {cross out the word not required in this line.}

7 8 *Years,* 11 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 77 yrs

Place of Death, {Give street and number} 317 W. Lombard

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Prostration

Duration of last Sickness, 1 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 10th 1882

Undertaker, H. W. Dennis & Son

Place of Business, 75 Charles St. N.

Robt. M. Eastman M. D.
Medical Attendant.

Address, 329 W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53367 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kusner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany & unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} City, jail

Cause of death, First, (Primary.) Suicide by

Second, (Immediate.) hanging

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Rock Cemetery

Date of Burial, March 9th 1882

Undertaker, P. Mullin

Place of Business, S. P. Park and *Address,* Corner M O S

Edmund R Walker M. D.,

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53368 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* *Months,* 15 *Days.* 5 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 212 Chesnut Alley.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 212 Chesnut Alley

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1882

Undertaker, Marcellus Ross

Place of Business,

Chas E. Hugo M. D.,
Medical Attendant.

Address, 224 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

Board of Health, City of Baltimore,

Permit No. 55369 *Office of Registrar of Vital Statistics.* Ward 12-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Farley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 90 E Lexington

Cause of death, First, (Primary,) Consumption of the bowels

Second, (Immediate,) & lungs

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 10th 1882

Undertaker, J. H Byrne

Place of Business, 59 W. Liberty St

Edwd. P. Mitchell M. D.,
Medical Attendant.

Address, 69 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 C 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wilson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, {Give street and number.} No. 881 West Baltimore St.

Cause of Death, {First (Primary,) Typho-Malarial Fever

{Second (Immediate.) Pneumonia — Asthenia.

Duration of Last Sickness, About eleven days.

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemy

Date of Burial, Mch 10th 1882

{*Undertaker* Emmy M. Mitchell

{*Place of Business,* 550 W. Fayette St.

G. Ridgely Hammond M. D.
Medical Attendant.

Address N. E. Cor. Calhoun & Hollins Sts. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. J. Landvir

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 307 Lauvale St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Heart Disease.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 12th 1882

Wm. A. B. Sellman M. D.
Medical Attendant.

Undertaker, D. Emmy Mitchell

Place of Business, 53 & 55 W. Fayette St. *Address,* 249 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55372

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Official Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celestia Coleman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Hanburg St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 9/82

Undertaker, Armstrong & Devey

Place of Business, Light & Montgy *Address,* 50 Hanover

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882 (Arrived 8 a.m.)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Denay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 91 N. Eastern St Balt

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 9th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

C. L. Mahoney M.D.,

Medical Attendant.

Address, Court St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliette E. H. Berman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give street and number} 520 Mulberry St

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, March 10th 1882

Undertaker, Andrews & Hodges

Place of Business, 164 & 6 Druid Hill Ave

Thomas O'Sullivan M. D.
Medical Attendant.

Address, 39 S. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS. 2568 Issued [OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie A Marine

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Nineteen *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. C.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} 161 N Lambard Ave

Cause of Death, {First, (Primary.) Thrombosis in Right Ventricle

Second, (Immediate.) Dyspnoea

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Thursday 9th 1882

Undertaker, J. H. McCoy & Co

Place of Business, 222 N. Eutaw St

H. P. McIntosh M. D.
Medical Attendant.

Address, 161 N Lambard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 Mo 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph McMurray

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 Years 8 months

Place of Death, {Give street and number} 134 Ramsey St

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 11th 1882

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore

Chas H Reby M. D.
Medical Attendant.

Address, 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53377 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 IC 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Reuben Lyons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Jeweler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} Guy's Hotel

Cause of death, First, (Primary,) Suicide by

Second, (Immediate,) Laudanum

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, March 10th 1882

Undertaker, Wm Eibert

Place of Business, 101 Gough St

Edwd K Walker M. D.,

Medical Attendant.

Address, Coroner M P B

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible] of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 33378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Ellermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 4 Bedford Alley

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 11th

R. J. Bell M.D.,

Medical Attendant.

Undertaker, F. N. Frold. Coroner's Office

Place of Business, 131 Hanover St *Address,* [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 53379

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th march 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isidore Hierman

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } asylum of the Little Sisters of the Poor cor. John and Wally Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Asthma & Acute Bronchitis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, march 10th 1892

Undertaker, Henry Thelthein

Place of Business,

Wm Brooke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53380 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa Blake

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 2 / *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. During life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 O'Neill St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Inflammation of Liver

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 18th 1882

Undertaker, J. Wehrle

Place of Business, Lombard nr

R. H. Heale M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 53381 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 82.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Kleinheim

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months.* ..... *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, life.

Place of Death, {Give street and number.} 16 Myrtle Ave.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 March 82 *Louis Ehrlich* *M. D.,*

Undertaker, Weltheimer & Co. Medical Attendant.

Place of Business, 227 W. Balto. St. *Address,* 226 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55382 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Rachael Henson

Sex, ~~Male~~ or Female, (Cross out the word not required in this line.)

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation, Cook

Birthplace, (State or country and how long in the United States, if of foreign birth.) City Life

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 1 Ivey al

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, March 10

Undertaker, A Ross

Place of Business, 95 Conway St *Address,* Corner

Alexander Tinsley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 53383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelia Bugel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ct

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md all to life

Duration of Residence in the City of Baltimore, 5 8 "

Place of Death, {Give street and number.} Canal St

Cause of Death, First, (Primary.) convulsions

Second, (Immediate.) about 4 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, 10th. of March.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st., *Address,* Se. L. Fuyette St

G. A. Dobbins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55381 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. Percy Hildebrand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 120 Argyle Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Half hour.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 11th 1882

Undertaker, Howard & Mowen

Place of Business, 35 Park Ave

C. Heller M. D.,
Medical Attendant.

Address, 89 Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53385 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethilda Ulrich,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 45 Platfoot Alley (73 Bradford alley)

Cause of death, First, (Primary.) Variola, confluent,

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem.

Date of Burial, March 10th

Undertaker, Henry Sanderson

Place of Business, 252 Lanvale

G. Glanville, Lusk M. D.,
Medical Attendant.

Address, 392 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur[nish] within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov[er]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3:10:82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kilzinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* 10 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 1 Jackson's Ct

Cause of Death {First, (Primary,)} age

{Second, (Immediate,)} Debility

Duration of last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Sunday, March 12th

Undertaker, Mrs. Kummert

Place of Business Mulberry, near Fremont

Fred'k W. Gastmann M. D.
Medical Attendant.

Address, 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 9th March, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Doherty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73 (73) *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dry-goods Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 223 Lexington St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, Two weeks — Fifteen years

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 11th 1882

N. W. Littell, M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front st

Address, 380 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

2566 Transcript

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55388 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Lawrence Glanville

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 480 E. Washington St.

Cause of death, First, (Primary,) Scarlatina,

Second, (Immediate,) Anasarca

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 12th 1882

Undertaker, Henry K. Mears

Place of Business, 416 N. Gay St.

G. Glanville Fuller M. D.,
Medical Attendant.

Address, Balt. & Ohio R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53389 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Shuchman

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 15 E Eutaw

Cause of Death, { First, (Primary.) Diphtheria
Second, (Immediate.) apnoea
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 11th 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St.

D. Scott M. D.,
Medical Attendant.

Address, 147 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Bac...

Board of Health, City of Baltimore.

Permit No. 53390 ... *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th. March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 139 Forrest st.

Cause of Death, First, (Primary.) ? Diphtheritis

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathais Cemetery Gap Road

Date of Burial, March 11th "

Undertaker, Geo. Schilling

Place of Business, Ash and Eynar

C. J. Coffman M.D.,
Medical Attendant.

Address, 57 Aisquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33391 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Rutledge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 108 Augusta n

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th/92

Undertaker, Geo Schilling

Place of Business, Ashland Depot

H H Tanner M. D.,
Medical Attendant.

Address, 256 N Eden n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Claridge.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 62 *Years,* 1 *Months,* 8 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Tinner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 60 N. Exeter St.

Cause of Death, {First (Primary.) Chronic Gastritis

Second (Immediate.) Asthenia

Duration of Last Sickness, Ill 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th 1882

Undertaker, Geo. Lake

Place of Business, 161 E Balto St

Jno. F. Powell. M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 33395 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 11 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Hart } Parents
& Eva " }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 13 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 82 E Fayette St

Cause of death, First, (Primary,) Exhaustion

Second, (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholem

Date of Burial, March 9th

Undertaker, Myers Uhlfelder

Place of Business, 43 S Eight St

J. Riggin Andre M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53394 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 11 1892 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 9/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wiedt Jarlenski

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country and how long in the United States, if of foreign birth } Balt. city

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and Number. } 41 Lancaster

Cause of Death, { First, (Primary,) Convulsions
Second, (Immediate,) } Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cem

Date of Burial, March 11

Undertaker, M Lapsley

Place of Business, 441 S Bond

R. W. Mansfield M. D.,
Medical Attendant.

Address, 417 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55395 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Christina Ruppel~~ March 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine E. Ruppel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Port Deposit Md

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 374 S. Charles St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Germin Luther Druid Hill

Date of Burial, March 12th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore Str. *Address,* 146 Hanover St

Thos Cordell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Send Instructor Sunday

The Special Attention of Physician: is Respec...

Board of Health, City of ...

Permit No. 53396 *Office of Registrar of Vital Statistics.* Wa...

The Physician who attended any person in a last illness, is responsible for the presentation of this Cert... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Linthicum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Seven Months, Fourteen Days,

Color, W.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} #218 Burgundy al...

Cause of Death, First, (Primary.) ✓

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, Seven Weeks.

All the above information should be furnished by the Physician.

Place of Burial, On Farm on Naseles Road

Date of Burial, March 11th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Address, J. Tyler Smith M. D., Medical Attendant.
#221 Bank ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5339 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Gardiner

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, Eighty *Years,* One *Months,* Fourteen *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Millington Kent Co. Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and Number. } #405 E Eager St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 12: 1882.

Undertaker, Wm H. Hickman

Place of Business, 234 W. Gay St.

A Hartman M. D.,
Medical Attendant.

Address, #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 53378 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana H Landeman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 131 Bank St.

Cause of death, First, (Primary,) Enteric Colitis

Second, (Immediate,) Intestinal Ulceration

Duration of Last Sickness, Since November 7th 1881 To Jan 10th 1882

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 12 1882

Undertaker, N. F. Cursan

Place of Business, 53 Broadway

Jno E Donnelly M. D.,
Medical Attendant.

Address, 221 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53399 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Kolkhorst

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} at Sea on Passage from Europe

Duration of Residence in the City of Baltimore, 1 month about

Place of Death, {Give street and Number.} Fawn St. near High St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St Matthias

Date of Burial, March 12th 1882

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St

Geo. W. Dixon M. D., Medical Attendant.

Address, Comm. of Health Delaware

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 532400 *Office of Registrar of Vital Statistics.* Ward 25-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Stolley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } House Pmt.

Cause of Death, { First, (Primary,) Ignorantia. / Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11

{ *Undertaker,* H Rors & Co

{ *Place of Business,* 95 Conway

U S Berry M. D., Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53401 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 9-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Aa Sophi Chaney Helling Chaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [redacted] *Years,* 8 *Months,* [redacted] *Days,*

Color, ea

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 69 Lemmon alley

Cause of Death, First, (Primary,) Paro titis

Second, (Immediate,) Suffocation

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Locust County

Date of Burial, March 11 '78[illegible]

Undertaker, Saml W. Claus

Place of Business, [redacted]

Geo. N. Dinsm M. D.,

Address, Commissioner of Health

ex Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.

Ex by John E. Lanahing

Board of Health, City of Baltimore.

Permit No. 5314012 *Office of Registrar of Vital Statistics.* Ward 11 9/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josias Pennington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all up

Place of Death, {Give street and number.} 25 ~~N. Charles~~ Franklin St.

Cause of death, First, (Primary,) Temporary ~~the~~ Insanity

Second, (Immediate,) Suicide by pistol shot Wm Braun

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

W C Van Bibber M D

Edm'd Walker M. D.,

~~Medical Attendant.~~

Address, Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53203

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ind Liza Lavoy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, Colord

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washing and Iron

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Talbots County Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } No 704 Saratoga St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Pulmonalis

Duration of Last Sickness, One years

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, March 11 1882

Undertaker, William N Longee

Place of Business, No 62 East Street

[illegible] M.D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5P 1404 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 · 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M Eckelberger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } ✓

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, { Give street and Number. } 5th 186 Ramsey st

Cause of Death, { First, (Primary.) Hypertrophy Heart
Second, (Immediate.) do Dropsy

Duration of Last Sickness, about one year ill

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, March 12

Undertaker, A Kinnaird

Place of Business, No 32 North Liberty St *Address,*

Wm Hammond M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55405 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary. Salon.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —— ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City —

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 112 Scott St.

Cause of death, First, (Primary,) Capilary Bronchitis

Second, (Immediate,) —

Duration of Last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 12th 1882

Undertaker, Jos S. Cook

Place of Business, No 707 W Baltimore Street

C B Gilford M. D.,

Medical Attendant.

Address, Bat. Homoeo Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 33206 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Johnson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* 2 *Months,* ~~——~~ *Days,*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 15 Parrish Alley North of Pattison Ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, March 11th 1882

Undertaker F. A. Kirchner

Place of Business, 50 S. Carrollton Ave

Geo. W. Benson M. D.,
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. Except in cases of births and deaths of illegitimate children. [over.]

Examined by Geo. E. Barry Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 53207 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & W. Hemsley Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Booth St. near Stricker St

Cause of Death, First, (Primary,) Premature Birth (Cause

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 12 1882

Undertaker, W. H. Dungan

Place of Business, East St

Geo. N. Benson M.D. M. D.,
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33408 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Maria Brown

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 48 *Years.* *Months,* — *Days.*

Color, b

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 74 E Baltimore St

Cause of Death, { First, (Primary.) Pneumonia
Second, (Immediate.) Heart disease

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, March 11th 1882

Undertaker, Theo J Locke

Place of Business, 73 Patterson Av

Rud M Hoffa M.D., Medical Attendant.

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53409 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

Date of Death, March 10. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew George Annuhl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 7 *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 N. Duncan st.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsons Cem

Date of Burial, March 11th 82

Undertaker. G. France

Place of Business. Penn & Wolf Sts. *Address,* 369 E. Baltimore st.

J. Hollenberg, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Law of Births on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53710 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 10. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G Marine,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Upholster,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Del.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give street and number.} 378. E Monument St.

Cause of Death, First, (Primary.) Strangulated Inguinal Hernia.

Second, (Immediate.) Septicaemia. Operated 2d Inst.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th 1882

Undertaker, John Tate

Place of Business, 161 Bond St

J. W. Chamberlain M.D.,
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5321/11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Washington

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} Vincent Alley near Edmondson Avenue

Cause of Death First, (Primary,) Valvular Disease of Heart

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1882

Undertaker, Sam'l W. Chase

Place of Business, 195 S. Howard St. *Address,*

J. Hume Scott *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53211/2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank E Ronzaire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 262 N Caroline St

Cause of Death, First, (Primary,) Suicide Pistol ball entered 2 inches posterior

Second, (Immediate.) Right Ear

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 13th 1882

Undertaker, Wm Mache

Place of Business, Gordon & Loca *Address,* Corner

Alexander Smith, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5547 3 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about Eighty four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Hustler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Mayo Ireland

Duration of Residence in the City of Baltimore, about 32 Years

Place of Death, {Give street and number.} 86 S. Charles St

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 12th 1882

Undertaker, John Thacher

Place of Business, Pac & Camden

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55414 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1882 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenor Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6½ *Years,* *Months,* *Days.*

~~*Color,*~~

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4½ years

Place of Death, {Give street and number.} 227 Jefferson St

Cause of death, First, (Primary,) Catarrhal Bronchitis

Second, (Immediate,) Unknown, Sudden.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 13th 1882

Undertaker, Chas T Scriven

Place of Business, 2711 Eutaw St

J. W. White, M. D.,
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible] 6.

Board of Health, City of Baltimore,

Permit No. 55415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Sophia Morgan

Sex, Male or Female, {cross out the word not required in this line.}

Age, Four yrs *Years,* *Months,* Fourteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, Twenty two (22) Years

Place of Death, {Give street and number} 119 Parkin St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, March 12th 1882

Ernst Quinan M. D.
Medical Attendant.

Undertaker, John S Mackie

Place of Business, Read & Conduit *Address,* 686 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAR 12 1882
BALTIMORE, MD.

Permit No. 55416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Conrad

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 11 Spruce

Cause of Death, First (Primary,) Consumption of lungs

Second (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th 1882

Undertaker, Thos. S. Hughes

Place of Business, 60 E Baltimore St

Wm H Offenhauser *M. D.*
Medical Attendant.

Address 5 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES on back of this Certificate.

HEALTH DEPARTMENT
MAR 12 1882
BALTIMORE, MD.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W Bell

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ... *Years,* 10 *Months,* 21 *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Illegitimate

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 47 Little Monument St

Cause of Death, {First (Primary,) Very fat filthy & Scrofulous

{Second (Immediate,) Convulsions, promoted Dentition

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, March 12

{*Undertaker,* H Ross

{*Place of Business,* 95 Aisquith St

W J Ross M.D.
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55418 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino O'Donnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color,

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Slipper Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, by care

Place of Death, {Give street and Number.} City Hospital

Cause of Death. First, (Primary,) Wants of Scalp

Second, (Immediate.) Erysipelas

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial St. Vincent Cemetery

Date of Burial, March 12th 1882

Undertaker, W. H. Means

Place of Business, 45 N. Gay St. *Address,*

Alexander Tinsley M. D.,
~~Medical Attendant.~~
Owner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 58419 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 68 Parish alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 68 N Parish alley

Cause of death, First, (Primary,) ?

Second, (Immediate,) Hemorrhage from umbilicus one two days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 12 1882

Undertaker, [illegible]

Place of Business, [illegible]

McNamee M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55420 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie A. Marshall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George's Co. Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No. 1 Raborg St.

Cause of death, First, (Primary,) Fibroid Tumor

Second, (Immediate,) Gastritis

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 12 1882

Undertaker, S. H. Chase

Place of Business, Laurel Md.

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55421 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Griffin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 10 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 East 2d

Cause of Death, First, (Primary.) Cerebritis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowell

Date of Burial, March 12 1882

Undertaker, S H Chase

Place of Business, 425 Harford

E C Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55422 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Young

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* two *Months,* 14 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. (Bayview asylum)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 7 Hannan Alley

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, March 12th 82

Undertaker, Chandlee & Wilson

Place of Business, 34 Saratoga St

L O Wintermute M. D.,
Medical Attendant.

Address, 12 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5321/23 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Keith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 61 *Years,* — *Months,* — *Days,*

Color, Col'd

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 198 Mulliken St

Cause of Death, First, (Primary,) Intermittent Fever (Information obtained by Sanitary Inspector)

Second, (Immediate,) Congestive Chill

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. March 13th 1882

Geo. N. Dobson M. D., Medical Attendant

Undertaker, Wm. J. Locke

Place of Business, —

Address, Corner of Fait & Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5324 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Fuller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 6 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 144 York St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13

Undertaker, H Ross

Place of Business, 95 Conway St

C W Bruce M. D.,
Medical Attendant.

Address, 96 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53225 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Whitehouse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 183 Druid Hill ave

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Tuberculor Consumption

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 13th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

.....M. D.,

Medical Attendant.

Address,.....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walbergia Cudy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 60 Hamburg St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 19th 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 50 Hanover

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5514/27 *Office of Registra[illegible]al Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

Date of Death, March 12 - 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Frau

~~Sex~~ *Male* or ~~*Female*~~, { Cross out the word not required in this line. }

Age, 23 *Years,* 11 *Months,* — *Days.*

Color, Wh

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, Broom - maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 167 Aisquith St

Cause of Death, { First, (Primary,) Third paralysis
Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial [illegible] Alsbourn

Date of Burial, March 14 1882

Undertaker, Michael Hunt

Place of Business, No 35 Bank *Address,* 247 E. Baltimore St

J Glasshills M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 33428 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A. Hoffman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 175 S. Patterson Park Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, March 13th 1882

Undertaker, J. C. Schuh

Place of Business, 6 E. Biddle St.

A. F. Eziah M. D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53245 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliz. Evans

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 3 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 1st / Columbia Av

Cause of death, { First, (Primary,) Consumption / Second, (Immediate,) for some time

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 11, 1893

Undertaker, Gilchrist

Place of Business, 198 Thurston

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 58 E. Hoffman St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Membranous Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 12th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

A. G. Watson M. D.
Medical Attendant.

Address 457 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53213 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday March 11th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mullin.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 277 W. Hoffman St.

Cause of death, First, (Primary,) Acute Bronchitis added to a Chronic Bronchitis of some Years duration; also Heart Complications

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 13th

Undertaker, H. C. Windefeld

Place of Business, 90 Guilford Ave

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25 Granmark Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Siemt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden, Germany

Duration of Residence in the City of Baltimore, about three years

Place of Death, {Give street and number} 337 Cathedral St

Cause of Death, First, (Primary.) old age

Second, (Immediate,) Paralysis producing internal bleeding & Stomach

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, New Loudon

Date of Burial, March 13th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

C. H. Fleet M. D.
Medical Attendant.

Address, 192 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2568 Transcript [OVER.]

Board of Health, City of Baltimore,

Permit No. 33733 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. & Mollie F. Passage (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 109 N. Gay St

Cause of Death, First, (Primary,) Premature Birth (6 mos

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, May 13th 1882

Geo. N. Benson M. D., Medical Attendant

Undertaker, Jas. P. Bryan

Place of Business, N. Front St Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... is respectfully invited to the Remarks Blank, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53234

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Goodwin

Sex, Male or Female? {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 75 E. Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate.) Anemia Pota

Exh

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, March 13 1882

Undertaker, James D Byrne

Place of Business, No 63 N Front St

C & Mahon M.D.,

Medical Attendant.

Address, Fleet St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

33435

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Achilles Simpson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 90 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Howard County, Md.

Duration of Residence in the City of Baltimore, Thirty Three (33) years

Place of Death, {Give street and number} 223 Pierce St.

Cause of Death, {First, (Primary.) ____ Second, (Immediate,) Carbuncle.

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14th 1882

Undertaker, Andrews & Hodges

Place of Business, No 426 Druid Hill Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 55436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Guest

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} .....

Occupation, Unknown

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, two (2) years

Place of Death, {Give street and number} 161 N Lombard St

Cause of Death, First, (Primary.) Puerperal Peritonitis

Second, (Immediate.) Shock

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, March 12

Undertaker, Patrick Mullin

Place of Business, ...

W O McIntosh Res Phys. M. D.

Medical Attendant.

Address, 161 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 33437

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mother Name alice Guest

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 24 hours *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } √

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maternity Hospital 161 N Lombard

Duration of Residence in the City of Baltimore, 24 hours

Place of Death, { Give street and number } Maternity 161 N Lombard St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,)

Duration of last Sickness, 15 Mi

All the above information should be furnished by the Physician.

Place of Burial, C H C Cemetery

Date of Burial, March 12

Undertaker, Patrick Mullin

Place of Business,

McCulloch M. D.
Medical Attendant.

Address, 161 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 532138 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Catherine Hess

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six (6) *Years,* Seven (11) *Months,* Twenty four (24) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 S. Eutaw Street

Cause of death, First, (Primary,) Insufficiency Tricuspid Valve with

Second, (Immediate,) Chronic Interstitial Nephritis Exhaustion

Duration of Last Sickness, Four days definite

All the above information should be furnished by the Physician.

Place of Burial, Bath Country

Date of Burial, March 15th

Undertaker, E. Frank

Place of Business, 1710 Pennsylvania Ave

S. E. Shaw *M. D.,* Medical Attendant.

Address, 70 S. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53739

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cornish

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, b

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Minister

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Jones Court

Cause of Death, First, (Primary.) 2 Heart Disease / Supposed /

Second, (Immediate.) 2 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Christ Evergreen Cemetery

Date of Burial, March 13th 1882

Undertaker, Wm. H. Dungan

Place of Business, 1062 East St

Chas. H. Nesbit M.D.,
Corner Co
Medical Attendant.

Address, 67 Wells St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 552440 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 12th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hines

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 39 Marion St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furntshed by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 14th 82

Undertaker, Geo. Saffran

Place of Business, 121 Paca Ave

Jno Kinane M.D.,
Medical Attendant.

Address, 143 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53244 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England — 21 years in U States

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 149 Columbia Ave

Cause of death, First, (Primary,) Chronic Peritonitis —

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 13 1882

Undertaker, Philipp J. Dill

Place of Business, 183 Columbia Ave

J Heuisler M. D., Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5324/12 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1912 BALTIMORE

CERTIFICATE, OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Ellis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 60 *Months,* 14 *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} 183 Johnson Ave

Cause of death, First, (Primary,) Diphtheria Malig. Contd

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 14

Undertaker, B. Hall

Place of Business, 82 West St.

W. H. Ellis M. D.,

Medical Attendant.

Address, 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Send Post Office Form

No. 53443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Yeates

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 51 Years, - Months, - Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Office Cleaning

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 23 Barnet St.

Cause of Death { First, (Primary,) Pulmonary Consumption / Second, (Immediate,) Asthenia

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Cathedral Cemty.

Date of Burial, March 14th 1882

Undertaker, John C Linder

Place of Business, No 63 East Ave

Eugene F Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.

KELLY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Diet of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53214 / *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 305 S Paca

Caus of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, At Peters County

Date of Burial, March 15 1882

Undertaker, John Meacher

Place of Business, No 150 Camden

Edwd J Nicholson M. D.,
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5314 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Keppel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 420 S. Paca St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Collapse

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13th 1882

Undertaker, John Mecher

Place of Business, No 168 Canal

Wm Gorsuch M. D.,
Medical Attendant.

Address, 170 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53246 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Dolphin Hospital

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, March 14th 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St

Oscar Kotzen M. D., Medical Attendant.

Address, 188 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Gerdens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} N. W. Cor. Wolfe & Fairmount sts.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 13th 82

Undertaker, G. Frances

Place of Business, Davis & Welsh *Address,* 3 N. Broadway

J. L. Davis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5524/48 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, March 13th 1882

Geo. W. Jonson M. D. Medical Attendant.

Undertaker, Saml W. Chase

Place of Business, S. Howard St *Address,* Comm. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53749 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Wongen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 287 Hamburg St

Cause of Death, First, (Primary,) /

Second, (Immediate,) Tumor of Throat

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1882

Wm. N. Bimson M. D., Medical Attendant.

Undertaker, H. Ross

Place of Business, Conway St. *Address,* Comm. of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55245 0

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Westfullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar manufacturer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 128 Sandtown St

Cause of Death, First, (Primary.) Cancer, (Lymphoma)

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eighteen months,

All the above information should be furnished by the Physician.

Place of Burial, H. Old Town

Date of Burial, March 14

Undertaker, Henry Borgman

Place of Business, 45 Clay St

J. D. Scupp M.D.,
Medical Attendant

Address, 4 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55245 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm E Daley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years.* 9 *Months.* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 470 N Washington St

Cause of death, First, (Primary,) Bronchitis, Capillary

Second, (Immediate,) Final Meningitis

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14 1882

Undertaker, George Schilling

Place of Business, Augusta Monument *Address,* 347 N Broadway

J W White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Amanda Laws

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Seaford. Delaware

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number} No. 164 N. Fremont St

Cause of Death {First, (Primary,) Consumption of the Lungs

Second, (Immediate)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 14th 1892

Undertaker, S. M. Leonard & Son

Place of Business, 782 W Baltimore

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 532/53 *Office of Registrar of Vital Statistics.* Ward 14/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Ryley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Inflammation of Stomach & Bowels

Second, (Immediate,) attend

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 13/82

Undertaker, Fred'k Hinckley

Place of Business, 50 S Carrollton Ave

H West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 532/52

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rabon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 33 Dover St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 13th 82

Undertaker, Geo H Perkins & Co

Place of Business, 130 Hanover St

Ed. Bell M.D.,

Medical Attendant

Coroner & Dis-

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53763 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Ludwig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} Watson St. near Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial. March 15 1884

Geo. W. Dixon M. D.,
Medical Attendant.

Undertaker, John Hervey

Place of Business, ——

Address, Comm. of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 332456

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1881 (Supposed)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Stocker

Sex, Male or Female. {Cross out the word not required in this line.}

Age, abt 81 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} abrams wh Patapsco River (Supposed)

Cause of Death, First, (Primary.) Accidentally drowned (Supposed)

Second, (Immediate.) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore Cemetery

Date of Burial, March 13

Undertaker, Chas. F. Mullin

Place of Business,

Chas. M. Morfit M.D.,
Corner E. & Bath
Medical Attendant.

Address, 67 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33215

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Louisa Turner.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 Year *Years,* 2 Years *Months,* 1 Ten *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 126 N. Broadway

Cause of Death, First, (Primary.) Brights disease

Second, (Immediate.)

Duration of Last Sickness, Two years,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th 1882

Undertaker, M. A. Dauger

Place of Business, 74 S. Broadway

Nicholas L. Dashiell M.D.,
Medical Attendant.

Address, 207 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5552/58

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W Tomlinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~5~~ *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 94 S Washington

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.)

Duration of Last Sickness, abt 3 week

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, March 15th 1882

Undertaker, M. A. Saifert

Place of Business, 74 S. Broadway

Geo L Kinnemon M.D.,
Medical Attendant.

Address, 78 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mildred Keough

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* 11. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible] 251 St. Paul St.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} N 257 St. Paul St.

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 15th 1882

Residence of the Dr. Boughton M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33760 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Slee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years.* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Little York Pa

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Cor Thompson & Forrest

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Appleman

Date of Burial, March 15, 1882

Undertaker, Henry Hoerth

Place of Business, 309 Central Ave *Address,* Cor Jay & Eutaw

.....M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 552161 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Fleming

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10

Place of Death, {Give street and Number.} 24 Orchelm St

Cause of Death, First, (Primary,) Burns

Second, (Immediate,)

Duration of Last Sickness, 7½ hours

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cem.

Date of Burial, Mch. 14 1882

Undertaker, J.B. Cook

Place of Business, 707 W. Balto St

Alexander Insley M. D., Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phys... ...rits for Burials, to the Office whence issued, Saturday of each week. ...n Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53264 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday March 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliza Lauphier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Caucasian

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Troy N. York

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} No 42 Bruce Street

Cause of death, First, (Primary,) /

Second, (Immediate,) General Debility

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Mch 14 1882

Undertaker, J B Cook

Place of Business, 707 N. Balto St.

Emmett Horn M. D.,
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention c[illegible] ...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55263 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 12 '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Linnett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. E. Cor. Madison & Sterling Sts.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) " Laryngitis

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, March 14 1882

Undertaker, Geo. Hoch & Son

Place of Business, 209 N. Eutaw

Edwd. P. McDevitt M. D.,
Medical Attendant.

Address, 169 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55464

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 12 M 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 1882 Baltimore City Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilia Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washing & Ironer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} No 57 Davis Av

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.) Anasarca

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 14 1882

Undertaker, S Wallace

Place of Business, 198 Hanover

Pilkins *M.D.,*
Medical Attendant.

Address, 536 Davis Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office will be issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 58265 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dickenson

Sex, Male ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 8 *Months,* *Days.*

Color, Black.

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, {Give street and number.} 19 Clinton St

Cause of death, First, (Primary,) Old Age.

Second, (Immediate,)

Duration of Last Sickness, About 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Maryland,

Date of Burial, March 14th 1882

Undertaker, Sam'l H. Chase

Place of Business, 193 S. Howard St. *Address,* Southern Dispensary

J. M. White, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennette Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* ~~Days.~~

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dress Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wilmington N.C.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 1090 St Paul St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, March 15th 1882

Undertaker, Chas M. Shaw

Place of Business, 190 S Howard st

Edward N. Wise M.D.
Medical Attendant.

Address 199 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53247 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Pierson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass Blower.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 9 Yrs.

Place of Death, {Give street and number.} 184 Warner St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis.

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, March 15th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

R. J. N. Tall M. D.,
Medical Attendant.

Address, 15-2 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5324/68 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Zentz

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 8 *Years,* 4 *Months,* 9 *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 317 N. Henry St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) " "

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial Westminster Md

Date of Burial. March 15th 1882

Undertaker, Wm Weaver

Place of Business, N. Eutaw St

Geo. H. Donsel M. D.,
Medical Attendant.

Address, Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2570 Transcript

Permits for [illegible] issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55469 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th — 1882 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph —

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* 1 *Days.*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maternité Hospital, Lombard st —

Duration of Residence in the City of Baltimore, 1 day —

Place of Death, { Give street and number. } St. Vincent's infant Asylum —

Cause of death, First, (Primary,) .....

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 14/82.

Undertaker, Geo. Sheehan

Place of Business, Asylum.

R. H. Goldsmith, M. D.,
of
Medical Attendant.

Address, Harlem Av, and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials to the Office whence issued. Saturday of each week.

The Special Attention of Physicians is Respectfully solicited to the Remarks Below, and to Those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53270 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th. 1882 —

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Antonia.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and number. } St. Vincent's asylum.

Cause of death, First, (Primary,) Never well —

Second, (Immediate,) Marasmus —

Duration of Last Sickness, From admission —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, March 14/82.

Undertaker, Geo. Sheehan.

Place of Business, Asylum.

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem Av. and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 33471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard C. Sindall

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} #367 W. Fayette

Cause of Death First, (Primary.) Pleuritis & Pneumonitis

Second, (Immediate,) " "

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 15th

Undertaker, Geo. Schilling

Place of Business, ...

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ... issued, Saturday of each week. ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55472 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Deeter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 274 Lee St

Cause of Death, {First, (Primary,) Second, (Immediate.)} Phthisis.

Duration of Last Sickness, 6. months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, March 15th 1882

Undertaker, Geo Lumbach

Place of Business, 38 W Pratt *Address,* 146 Hanover St

Reuben Cole M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burials, to the Office whence issued, Saturday of each ... No. 55473

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill Worcester Co. Md

Duration of Residence in the City of Baltimore, about 6 mos.

Place of Death, {Give street and number.} 68 Walnut Al

Cause of Death, First (Primary,) ...

Second (Immediate,) Asthenia

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1882

Undertaker, Wm. S. Bishop Jr.

Place of Business, 99 Druid Hill Ave

J. Edwin Michael M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53474 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

Date of Death, March 13 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} * 638. S" Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westens. Pub" Cem

Date of Burial, March 14 1882

Undertaker, A A Kerchner

Place of Business, ——

Geo W Dimont M. D.,

Commissioner of Health.

Address, City Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permits for Burials, to the Office whence is[illegible]day of each week.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 532175

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1882 Baltimore City Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Born

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Male Pierce (at Mean Gilmor ave

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Pulmonitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 14 1882

Undertaker, F. A. Kerchner

Place of Business, ...

Gilbert M.D.,
Medical Attendant.

Address, 153 E Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules Below, and to [illegible] Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55476 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 15 1882 BALTIMORE

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances C. Rixey Hogan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Concord St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 14th 1882

Undertaker, Henry W. Mears

Place of Business, 45. N. Gay St

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office where ... Street

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53277 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 14 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 113 N. Spring

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial

Date of Burial,

Undertaker,

Place of Business, *Address,*

Medical Attendant. *M. D.,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53278

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 12th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Laifair

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anamundel Co

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 139 Dallas St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14

Undertaker, Leo H. Espino Jr & Co

Place of Business, 130 Henrietta St

G. S. Simmons *M.D.,*
Medical Attendant.

Address, 13 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33279 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 6 hours ~~Days~~.

Color, colored

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 19 Fish Market

Cause of death, First, (Primary,) Prematurity (8 months foetus) Female

Second, (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery

Date of Burial, March 14

Undertaker, Mr P Mullin

Place of Business,

Edmund F Rowe M. D.,
~~Medical Attendant.~~

Address, Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Burials to the Office whence issued Saturday of each week

No. 55480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Jennie Cook

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* / *Months,* / *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 380 Franklin St

Cause of Death, First, (Primary,) Hemorrhage of Lungs

Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 15th 1882

J. W. C. Cuddy M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55781 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Ruppert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 103 E Lager

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th

Undertaker, Geo Schilling

Place of Business, Ashland Ave

Dr T R Walker M. D.,

~~Medical Attendant~~

Address, Corner No 25

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5324/82 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Henry Sanders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* 18 *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 233 Hughes St

Cause of Death, First, (Primary,) Cold (Mal. Nutrition)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Lucas St Cem

Date of Burial, March 15th 1882

Undertaker, Hercules Ross

Place of Business, ~~~~

M. D., ~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office [illegible] of all

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53283 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cherry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 307 Mulberry St.

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Thursday

Undertaker, Mrs P Bunner

Place of Business, 317 Mulberry St

Louis Ths Horn M. D.,
Medical Attendant.

Address, cor Paca & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] Permits for Burials, to the Office whence issued, Saturday of each week. [illegible] on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 532484 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W Bradford

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harpers Ferry Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 216 N Howard St

Cause of Death, First, (Primary,) Angina Pectoris & Heart disease

Second, (Immediate,) Heart disease

Duration of Last Sickness, Ill about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16th 1882

Undertaker, STEWART & POWER UNDERTAKERS 35 Park Ave.

Place of Business,

Wm Hammond M. D., Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

53485

tention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53485 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friebrecht

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, 27 yrs in U.S.

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number.} 94 Ollerbein St.

Cause of death, First, (Primary,)

Second, (Immediate,) Typho Malarial

Duration of Last Sickness, 6 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar 16th

Undertaker, F. N. Tolle

Place of Business, 412 Fawn

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make strict ... The Special Attention ... respectfully Invited to the Remarks Below, and to List of Di... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 337186 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of Mary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 40 Pine St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 16th 82

Undertaker, William Schenck

Place of Business, 256 Lanvale West, *Address,* 146 Hanover St

Thomas Cook M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 5874

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33287

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Christopher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 386 Aisquith st

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County Emilson Harford Road

Date of Burial, March 16th

Undertaker, Leo Schilling

Place of Business,

Wm B Billingslea M.D.,
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturdays of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53788

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 14th March 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A Johns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* 22 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 182 S. Howard St.

Cause of Death, First, (Primary.) Diphtheria et Convulsions

Second, (Immediate.) Epistaxis et Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 16th

Undertaker, Geo. W. Perkins Jr. & Co

Place of Business, 180 Henrietta St.

T. D. Yes M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 33489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33489 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas McKenzie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, cigar packer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 117 Preston

Cause of death, First, (Primary,) consumption of lungs

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 17th 1882 } G Lane Tanneyhill M. D.,

Undertaker, Wm Weaver } Medical Attendant.

Place of Business, No 202 N. Eutaw St *Address,* 129 N Eddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office ... Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 55490

Board of Health, City of Baltimore,

Permit No. 55490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Thom

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 9 Mos.

Place of Death, { Give street and number } 161 W Lombard St

Cause of Death, { First, (Primary,) Puerperal Septicaemia / Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, four (4) days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 16 1882

Undertaker, Matthew Cadogan

Place of Business, 224 Mulberry St

H. O. McIntosh M. D.
Medical Attendant.

Address, 161 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... & CO. CITY PRINTERS AND STATIONERS.

[Over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53491 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca, C, Rhodes

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 429 E Eager St

Cause of Death, First, (Primary,) Old age

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial, March 16th 1882

Undertaker, John Thatcher

Place of Business, No 150 Lanvale St

Vernon Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible] to the Office whence issued, Saturday of each week. 53492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Also Over on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53492 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary and Kilduff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 m *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5-2 years

Place of Death, {Give street and number.} 13 E. Monument

Cause of death, First, (Primary,) Heart disease - Hatty -

Second, (Immediate,) Dropsy, exhaustion

Duration of Last Sickness, 6 Mos -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem'y

Date of Burial, March 17th 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry

Geo W Rynd M. D.,
Medical Attendant

Address, Cor Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office

No. 33493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33493 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Koenigsberg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color. White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 34 E Fayette Street

Cause of death, First, (Primary,)

Second, (Immediate,) Malignant Scarlet Fever.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Edew st. Hebrew Cemetery Phil. Road

Date of Burial, March 17/82

Undertaker, Mr. Goldsmith

~~Place of Business.~~

J Ridgway Andre M. D., Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Off... 33494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33494 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stäch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Jones' Court – East Baltimore

Cause of death, First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 16th 82

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 369 E. Baltimore st.

J. H. Collenberg. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18[illegible] Keeper [illegible] Cemeteries in City of Ba[illegible] make returns of all Permits for Burials to the Office whence issued. Saturday of each week. 33495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 33495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 15th March 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Friedrich Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 200 Hanover St

Cause of Death, First, (Primary.) Injury 1 Hand contused

Second, (Immediate.) Lock jaw

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Mar. 17th 1882

Undertaker, C. F. Krause

Place of Business,

Augustus W Dodge M.D.,
Medical Attendant.

Address, 207 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19/ Keepers of Cemeteries in City of Baltimore will make returns of all No. 53496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53496

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Elizabeth H. Carrimore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salem N. J.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 193 N. Mount St

Cause of Death, First, (Primary.) Obscure Brain disease, incidents in its outbreak, and terminating in

Second, (Immediate.) Apoplexy

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Md

Date of Burial, March 16th 1882

Wm. W. Murray M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 308 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2673 Trust

Keeper of Cemeteries in City of Baltimore will make return of all [illegible] 53497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53497 *Office of Registrar of Vital Statistics.* Ward 6"/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R Nichols

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Colored R.

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 703 Hay St

Cause of death, First, (Primary,) Phthisis Pulmonary

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asberry Cemetery

Date of Burial, March 17th 1882

Undertaker, Elisha Cox

Place of Business, 84 786 Bank St *Address,* 66 E Baltimore St

L. H. Shumer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of [illegible] 53498

The Special Attention of [illegible] Respectfully Invited to the Remarks Below, and [illegible] ch week. Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53498 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolly Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 147 Penn Ave

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, March 16th 82

Date of Burial, Woodlawn & Mt Pleasant

Undertaker, James H Davis

Place of Business, 162 Eleventh St *Address,* 313 Light

E. H. Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. 2572 Frame [OVER.]

1 11

Keeper of Cemetery

Permits for Burials, to the Office whence issued Sat... each week. 0. 053499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Webster.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married.

Occupation, Prof. of Penmanship in B. C. College.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Charles County Md.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and number.} 382 E. Pratt St.

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 17th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Jno. F. Powell. M.D.,
Medical Attendant.

Address, 227 Canterbury Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries [illegible] of Baltimore will

The Special Attention of Physicians is Respectfully Invited [illegible] the Remarks Below, and to Lists [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55300 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine F. League

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 67 yrs

Place of Death, {Give street and number.} 317 Light St.

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18

Undertaker, B. Marks

Place of Business, 82 West St.

R. T. A. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53301

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Mar. 14. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* 25 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number.} 2 Wrights Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Mar. 16 82

Undertaker, D. L. Thomas

Place of Business, 16 Amity St

J. H. Chrisdian M.D.,
Medical Attendant.

Address, 43 Penna. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases On Back of this [illegible]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 16 17 1882 BALTIMORE

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie T August

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Whole Life

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 239 Columbia Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Mch 17 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Thomas O'Brien M.D.,

Medical Attendant.

Address, 39 S Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33303

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Wales

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Ninety One *Years,* five *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, about Ten Years

Place of Death, {Give street and number} 603 N. Fay

Cause of Death, First, (Primary.) Old Age

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week in bed

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, March 17 1882

Wm Quinan M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 630 N. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33304

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E. Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Having lived here

Place of Death, {Give street and number.} 361 Canton Avenue

Cause of Death, First, (Primary.) 1 Heart Disease

Second, (Immediate.) 2

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 17th 1882

Undertaker, Thos F Hughes

Place of Business, 16 E Balto

Chas M Morfit M.D., Coroner & Physician
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 33305

Permit No. 33305 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 18 Parish al

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Parish al

Cause of Death, First, (Primary,) —

Second, (Immediate.) Hemiarea

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial W. Pach Cemetery

Date of Burial, March 16 1882

Undertaker, F. A. Kirchner

Place of Business, &c. Address, S. Carroll ton Av

Alexander Tinley M. D.,
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53506 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1882, 4.30 P. M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Matilda, Pitts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anna Arundle Co. Md.

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 72. Cider Alley

Cause of death, First, (Primary,) Pneumonia (Right Lung)

Second, (Immediate,) Thrombosis

Duration of Last Sickness, Since March 8th 1882

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, March - 16 1882

Undertaker, S. Wehase

Place of Business, 198 Howard St

C. J. Coffroth M. D.,
Medical Attendant.

Address, 330. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmonia C Reed

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Co Va about 14 Years

Duration of Residence in the City of Baltimore, ... 195 W Lombard St

Place of Death, {Give street and number} ..... Premature birth

Cause of Death { First, (Primary,) ..... Puerperal Metritis

Second, (Immediate,) ..... 6 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 17th 1882

Jos. E. Clayton M. D.
Medical Attendant.

Undertaker, ...

Place of Business, STEWART & MOORE UNDERTAKERS, 35 Park Ave. *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 53508

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Augusta Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Two *Months,* Eleven *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 552 Linquith street

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,) Exhaustion

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th

Undertaker, George Schilling

Place of Business, Oakland Square

Eug. A. Edwards M. D.

Medical Attendant.

Address 502 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53309 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Lutta Gray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... Years, 5 Months, ... Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 68 Vincent Lincoln Alley

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Apnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 1882

Undertaker, Wm N. Dungan

Place of Business, No 62 East Pratt

Chas. E. Pratt M. D.,
Medical Attendant.

Address, 1435 Lauraln St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53370 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Hansen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Vincent alley

Cause of Death, First, (Primary,) Mal nutrition

Second, (Immediate,) Marasmus

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, March 16th 1882

Undertaker, J. A. Kerchner

Place of Business, S. P. Park ave *Address,* Comm. of Health

~~Medical Attendant~~ Registrar M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53871

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhart Ostendarph

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, 62 *Years,* [redacted] *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Conductor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} № 901 Canton Av

Cause of Death, First, (Primary.) Cancer and Necrosis of Tibia

Second, (Immediate.) Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Johannes Cem

Date of Burial, March 18th 1882

Undertaker, H M Gilmeyer

Place of Business, 341 Canton Av

C. L. Buddenbohn M.D.,

Medical Attendant.

Address, 166 S Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33312. *Office of Registrar of Vital Statistics.* / Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, ~~Red~~ Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 46 ~~Bo~~ Wagner St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 16, 82

Undertaker, Jos N. Perkins Jr & Co

Place of Business, 130 Henrietta St

Theodore Cator M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dis[illegible] on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 53513 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Worker in tin & Iron;

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 103 South Bethel St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pulmonary Phthisis. (Consumption)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1882

Undertaker, G W Perkins

Place of Business, 130 Henrietta St

A. J. Gosnell M. D.,
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 7 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mason 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living life time

Place of Death, {Give street and number} 12 Burren st.

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) Convulsion

Duration of last Sickness, About 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Louisa County

Date of Burial, March 16th 1882

Undertaker, Wm N. Duncan

Place of Business, No 62 East st

John McLennan M. D.
Medical Attendant.

Address, 235 E. Monument st
Nr E. Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 53375 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Reese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Balt

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 95 S. Dallas st.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Chronic

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 17th 82

Undertaker, Michael Lamb

Place of Business, No 35 Bank, *Address,* 12 S. Edo

L. Olmstead M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex; age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53316

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 16th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leona Hart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 13 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cannon St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 17th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

H. Lidy, Jacobs M.D.,
Medical Attendant.

Address, 128 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 55517

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT ... 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hyden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sexton of St Johns Church

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Eagle Alley bet Pulmonary Congestion

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 17 1882

Chas O Donovan M.D.,
Medical Attendant.

Undertaker, H C Whitefield

Place of Business, 7 Green St

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

Permit No. 55518

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie A Jones

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} E Eager St 327

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 19th

Undertaker, Geo Schilling

Place of Business, 25 Saint Paul Street

O S Mahon *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Date of Death, 16 March 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruth Marshall

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 311 E. Paul St.

Cause of Death, { First, (Primary,) Tubercular Meningitis

{ Second, (Immediate,) in

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17th March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

J. [illegible] M. D.
Medical Attendant.

Address, 10 E Paul Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. S. DILLARD & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 53320 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Date of Death, March 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Clerline

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 92 S. Eutaw st

Cause of death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto - Cemetery

Date of Burial, March 18th 1882

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St *Address,* 57 Barre

H W Webster M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53321 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 7 Sellers St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, March 18

Undertaker, H Ross

Place of Business, 25 Conway St

E. L. Boze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne R. Gale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* 16 *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 220 Dover St

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 17

Undertaker, H. Rozos

Place of Business, 95 Conway St. *Address,* 298 W. Lombard St.

H. M. Nebut *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53323

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvine Falka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fifteen *Years,* Six *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} King Williams Land South Africa

Duration of Residence in the City of Baltimore, Four days.

Place of Death, {Give street and number.} 28 7 N. Pratt St.

Cause of Death, First, (Primary.) Diphtheretic Croup

Second, (Immediate.) Asphyxia

Duration of Last Sickness, When seen by Dr. when Dead

All the above information should be furnished by the Physician.

Place of Burial, Germin Lutheran Churchill

Date of Burial, March 17th 1882.

Dr L. H Barclay M.D.,
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53324 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis August Bopp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} West St 1 door East of Light

Cause of death, First, (Primary,) Diphtheria (Laryngeal)

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Helptons Cemetery

Date of Burial, March 17

Undertaker, B. Hurly

Place of Business, 82 West St

D Schaeffer M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 53325 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Mathews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 3 Boyle

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, March 17th 1882

Undertaker, Jas L Cook

Place of Business, No 707 W Baltimore Street

Thomas Opie M. D., Medical Attendant

Address, 39 S. Carey St

MAR 17 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 11 printed on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53326

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin C. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 7. Clarksons Alley

Cause of Death, First, (Primary.) Catarrhal Fever

Second, (Immediate.) " "

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, March 17-82

Undertaker, D. Flynn - 60

Place of Business, West St - 201

D. A. Bell M.D.,
Medical Attendant
Coroner & Phys.

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Space Reserved for Physician's Report of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55327 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Date of Death, March 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernestine Gredell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 9 yrs in Balto

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 214 S Eden

Cause of death, First, (Primary,) Abscess of Liver

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, March 18 1882

Undertaker, H. Schnetter's

Place of Business, E. Monument St

Geo. L. Kerr M. D., Medical Attendant.

Address, 1881 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this. No. D

Board of Health, City of Baltimore,

Permit No. 53328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1892 BALTIMORE

Date of Death, March 16th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dvoracek

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 189 S. Bond St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Conn

Date of Burial, March 17

Undertaker, H. Diffel

Place of Business, 151 S. Bond

J. McPherson M. D.
Medical Attendant.

Address, 23 S. Chester St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53329 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Neely — Jennie M. Neely — } Parents,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 S. Bond St.

Cause of death, First, (Primary,)

Second, (Immediate,) Asphyxia Neonatorum, few minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mountcarmel here

Date of Burial, March 17

Undertaker, W Duffel

Place of Business, 151 S Bond

R. J. N. Tall, M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ease on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53330 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Betty Dorg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 495 [illegible] Fulton st

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 19th 1882 F. Warner M. D.,

Undertaker, Adam Finck Medical Attendant.

Place of Business, 461 W. Lexington st *Address,* 256 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5533 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. T. ~~Mrs~~ Elliott

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} (Twin)

Age, ~~Years,~~ ~~Months,~~ 4 hrs ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 37 Constitution St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Period 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17 1882

Undertaker, Or John A Elliott

Place of Business, 37 Constitution *Address,* 36 Greenmt Ave

Silas N Hunter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55333½ *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Elliot (Twin)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* ——— *Days,* 16

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 37, Constitution

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17th 1882

Undertaker, John A Elliot

Place of Business, 37 Constitution *Address,* Hastings St.

Silas W. Hunter M. D., Medical Attendant

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55533. *Office of Registrar of Vital Statistics.* Ward 20 9/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Harris

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No. 68 - Biddle al,

Cause of death, First, (Primary,) Lacerated Cervix

Second, (Immediate,) Consumption

Duration of Last Sickness, Eighteen months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th

Undertaker, Wadsworth

Place of Business, 113 Main

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53334

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gardner Marsh

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 37 *Years,* *Months,* *Days.*

Color, b

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Waiter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Phila Penna

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 24 S Becket St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Easton Pocl Cem

Date of Burial, March 17th 1882

Undertaker, Pat Mullins

Place of Business,

Chas Mc Mosh *M.D.,*

Medical Attendant.

Address, 67 W Bath St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53335

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R. Beckley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Paper hanger

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 202 n Gay st

Cause of Death, First, (Primary.) Senility.

Second, (Immediate.) Indigestion Ulceration of bowels

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 18/1882

Undertaker, Wm H Hickman

Place of Business, 1023 4 Fayette

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53336

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hannah

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White,

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 57 Years,

Place of Death, {Give street and number.} 330, McDonough St,

Cause of Death, First, (Primary.) Apoplexy,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 6 days,

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, March 19 1882

Undertaker, Wm H. Hackman

Place of Business, 1234 N Gay St

J. R. Chamberlain M.D.,
Medical Attendant.

Address, 133 N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Willhelm

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number} 50 E Pratt St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cemetery

Date of Burial, March 18th 1882

S A Martin M. D.
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Canton ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. KEANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 35538 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mcthuell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nc

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 99 years

Place of Death, {Give street and number.} 44 High st

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 18th 1882

Undertaker, Jno A McCoy

Place of Business, ~~27~~ Fayette st

J H Latimer M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53339 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Wuhl

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 54 *Years,* 8 *Months,* ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 7 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 281 N. Gay 2th

Cause of death, First, (Primary,) Hypertrophy of the heart

Second, (Immediate,) Congestion of the lungs

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19th

Undertaker, George Schilling

Place of Business,

A. Aronstam M. D.
Medical Attendant.

Address, 145 Leigh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3-3-3-4-0

Board of Health, City of Baltimore,

Permit No. 535740

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 14. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracy Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months, 11 Days.

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 mos 11 days

Place of Death, {Give street and number.} 51 Raborg

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 16th March 1882

Undertaker, Sam'l T. O'Hare

Place of Business, 198 N. Howard

Herbert Harlan M.D.,
Medical Attendant.

Address, 246 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33511 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Virginia Chineman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } France

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 161 Eastern Ave

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Congestive Chill

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea

Date of Burial, March 18th 1883

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Wm S Hurd M. D.,
Medical Attendant.

Address, 16 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55542 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Grammer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 411 Mc Henry st

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 19-1882

Undertaker, John A. Grammer

Place of Business, 411 Mc Henry st

Geo. H. Benson M. D.,

Address, Commissioner of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53613 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt & John Kelly

& Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1/12 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 138 Ridgely St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, two hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, March 18th 1882 Geo. W. Benson M. D.,

Medical Attendant.

Undertaker, Jacobus Koehler

Place of Business, Cross St *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 March 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawry Foster

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* 2 *Months,* 17 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Born. Toronto Canada

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, { Give street and number. } 25 Druid Hill Avenue

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) +

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 20th March

Undertaker, Wm. Grey

Place of Business, 65 Mulberry St, *Address,* 119 N Charles St

A. Atkinson M.D.,
"
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Bacon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Saratoga St 165

Cause of Death, First (Primary,) Abdominal Abscess

Second (Immediate.) Peritonitis

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 19th 1882

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

H. F. Harman M. D.
Medical Attendant.

Address 175 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 533546

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cinderella Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 203 Hanover St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 20 1882

Undertaker, S W Chase

Place of Business, 198 Howard St

J. Revis M.D.,
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setling forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53347 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 186 Preston St

Cause of Death, ~~First, (Primary,)~~ .....

~~Second, (Immediate,)~~ Pneumonia

Duration of Last Sickness, 14 days (about)

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, March 18th 1882

Undertaker, P. Kinnard

Place of Business, 317 Mulberry St *Address,* 152 N Charles St

Wm A Keale M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 133548

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baubach, Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 391 Penna. Ave.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) General Debility

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 19th 1882

Undertaker, M a Schafer

Place of Business, 74 S. Broadway *Address,* 431 Penna. Ave.

W. Christian *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 533549 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Hanson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Johnathopkins asylum

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet St Cemetery

Date of Burial, Mch 18th 1882

Undertaker, Andrews & Hodges

Place of Business, 416 Dolphin ave

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Simpson

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 72 *Years,* *Months,* *Days.*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 431 E. Eager St.

Cause of Death {First, (Primary.) Carcinoma of Liver

Second, (Immediate,)

Duration of last Sickness, 18 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Balt. cemetery

Date of Burial, March 19th

Undertaker, H. Hauck & Sons

Place of Business,

H. L. Reinwald M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53551

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Hollens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 144 Dallas St.

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Eve Cemetery

Date of Burial, March 18th 1882

Undertaker, Wm N. Dugan

Place of Business, No 62 East St

J. W. Chambers M.D.,

Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53352 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE PARK BUREAU MAR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lettie Wise

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 45 *Years.* *Months,* *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, Home Girl.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} No 5 N. Eutaw St (Wolfe Hotel)

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial Charles St Cemetery

Date of Burial, March 18th 1882

Undertaker, Wm. N. Dugan

Place of Business, No 62 East St *Address,*

Alexander Tinsley M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53333 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR. 15 1882 BALTIMORE

Date of Death, March 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Rear of 14 Forrest St

Cause of Death, First, (Primary.) Dropsy of Brain from Infancy,
Second, (Immediate.) Its head is as large as any watter bucket.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev Cemetery

Date of Burial, March 18th 1882

Undertaker, Wm. N. Dugan

Place of Business, No 62 East St

A Krepschentzer M.D.,
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53334 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, March 19th 1882

Undertaker, L. Ritz

Place of Business, No. 129 & 8 Broadway

[illegible] *M. D.,*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55555 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1882 BALTIMORE

Date of Death, March 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adenbeken

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower.~~ {~~Cross out the word not required in this line.~~}

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 438 East Aisquith

Cause of Death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial St. Paul Cemetery

Date of Burial, March 20th 1882

Undertaker, L. Ritz

Place of Business, No. 129 1/2 S. Broadway

A J Arnold M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...ver this Certificate.

Board of Health, City of Baltimore,

Permit No. 55556 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT MAR 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 13, 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emory Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 9 Plum Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 18 82

Undertaker, Geo W Perkins & Co

Place of Business, 135 Henrietta St

W. E. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Conyanta Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8m *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife –

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wiesenbach Bavaria Germ

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2c. E. Monument St

Cause of Death, First, (Primary.) Enlargement of the

Second, (Immediate.) Cerebral Dropsy

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

G. A. Johnson M.D.,

Medical Attendant.

Address, 8 E. Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33338

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR. 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Pattison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland. —

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 19 Courtland St

Cause of Death, First, (Primary.) Cancer in Groin

Second, (Immediate.) Asthenia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Cambridge

Date of Burial, March 18th 1882,

Thos. F. Smith M.D.,

Medical Attendant.

{ *Undertaker,* Wm. A. Wickman

{ *Place of Business,* 234 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2575 Transit

Board of Health, City of Baltimore,

Permit No. 53339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Dragan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 191 Clinton St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, March 24. 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave, *Address,* 223 E Eastern Ave

Edw N Cain, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Oliver

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 4 *Years,* 11 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 7 Stockton alley 2 Stock

Place of Death, {Give street and number} 37 Stockton Street

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Marasmus

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Sunday Mar 19 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

E. R. Miller M. D.
Medical Attendant.

Address, 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53361 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Turner

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 Yrs. *Years,* 6 *Months,* 17 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 32 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 20th

Undertaker, Lankford & Sons

Place of Business, S. Bond St. 275.

Nicholas L. Dallam M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53362

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Doberer

Sex, Male or Female, {cross out the word not required in this line.} Female -

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, Forty Nine (49) years -

Place of Death, {Give street and number} 199 Lexington St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Apoplexy -

Duration of last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 20

Undertaker, Walter Immel

Place of Business, 315 West Biddle

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Board of Health, City of Baltimore,

Permit No. 33363 *Office of Registrar of Vital Statistics.* , Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Charles Chase

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Prof. Freedmen Commissioner City Life

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cor S. Eutaw & Lombard Sts

Cause of Death, { First, (Primary,) Heart Disease
Second, (Immediate.) 10 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 19th 1882

Undertaker, Theodore Locks

Place of Business, 73 Jefferson St

Alexander Tinsley M. D.,
Medical Attendant.
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55564 *Office of Registrar of Vital Statistics.* Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Nolan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 Years, — Months, — Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 70 W. Baltimore St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Mar 19 1882

Undertaker, Jos P Byrne

Place of Business, Front St

J H Branham M. D.,
Medical Attendant.

Address, 307 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53365 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 51½ 2 Sterrett St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) //

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, March 19th 92

Undertaker, A. Kirchner

Place of Business, Holliday St

Geo. H. Denson M. D.,

Medical Attendant.

Address, Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53366 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Hammons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 — *Months,* ..... *Days.*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Com

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 81 East St

Cause of death, First, (Primary,) Bronchitis

Second, (Imunediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 19th 1882

Undertaker, Wm N Dunagan

Place of Business, 162 East St

Dr. J R Walker M. D.,

Medical Attendant.

Address, Comm St P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53367 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1882

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Jacob B. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 8 *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 7 Brewers alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 7 Brewers Alley

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial. March 19th 1882

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 North Eutaw St.

B. L. J. M. D.,
Medical Attendant.

Address, # 213

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 55568 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva V. Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Eight *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 293 East Madison Street

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cl. Grace Luth. Ch.

Date of Burial, March 20 1882

Undertaker, Henry McCabe & Son

Place of Business, 219 N. Eutaw

Wm. H. Chedsey, M. D., Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53369 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Jane Spencer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Potts. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 88 S Payson st

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 19 1882

Undertaker, Henry Henderson

Place of Business, 69 N Eutaw St. *Address,* 319 Hollins st

James T Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53570 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th March 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Alexander Bentley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Six — *Months,* *Days,*

Color, Color dk.

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia -

Duration of Residence in the City of Baltimore, about four months.

Place of Death, {Give street and Number.} No 66 (Parents ally) Lyon St.

Cause of Death, First, (Primary,) Bronchitis.

Second, (Immediate,) Double Bronchitis.

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19th 1883

Undertaker, Sam'l W. Chase

Place of Business, 198 E. Howard St

McCuan Bibbins M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53371 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Holzschuh

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, { Give street and Number. } 43 S. Graham

Cause of Death, First, (Primary,) Haemorrhagia umbilicalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 19th '82

Undertaker, G. Frances

Place of Business, Pant & Wolf Sts. *Address,* 194 S. Exeter

Mathieu *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53372 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th March 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Macko

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Lukawitz, Bohemia, Austria

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} Lancaster Street 118

Cause of death, First, (Primary,) Hydrothorax

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, March 19

Undertaker, H. Depfel

Place of Business, 151 S Bond

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe Street 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33373 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stellkamp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, d'ly

Duration of Residence in the City of Baltimore, 3 mts

Place of Death, {Give street and number.} 842 Trindell St,

Cause of death, First, (Primary,) Congestion of brain

Second, (Immediate,) Convulsion

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday March 20th

Undertaker, D. Mudley 2 o'clock

Place of Business, 21 Harrison St

D. P. Ellis M. D.,

Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53374 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie M. Stallkamp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B't City

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number.} 82 Findall St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Collapse

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 20 at 2 o'clock

Undertaker, J. Mueller

Place of Business, 21 Hanover Sts.

J. H. Ellis M. D.,
Medical Attendant.

Address, 310 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53375 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Pearce.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 yr. *Years,* Not known *Months,* Not known *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } England.

Duration of Residence in the City of Baltimore, 1 yr. +

Place of Death, { Give street and Number. } City Hospital Calvert & Saratoga Sts

Cause of Death, { First, (Primary,) Phthisis / Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 yr. +

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 20th 1882

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St

E. Van Note M. D.,

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53376 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph T. Brady

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* 1 *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~, Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 227 Jefferson St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 20th 1882

Undertaker, Chas J. Sevier

Place of Business, 271 N. Eutaw St

W. S. White M. D.,
Medical Attendant.

Address, 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53377 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

Date of Death, Mar 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Vict-Mory

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 113 N. Charles St

Cause of death, First, (Primary,) Capillary Bronchites

Second, (Immediate,) Cardiac Effusion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery (Green + Fayette st.)

Date of Burial, 21st March 1882

Undertaker, H. W. Jenkins + Son

Place of Business, 75 N. Charles St. *Address,* 23 Franklin

J H Patterson *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Linthicum

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Albin Hotel, cor. Cathedral & Richmond

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) asthenia and apnoea

Duration of Last Sickness, over nine months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st March 1882

S. E. Chew M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 141 Lanvale St

Place of Business, 45 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 55379

Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Decker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 ~~Years~~

Place of Death, {Give street and number.} 218 N Carrollton Ave

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Coma

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22d 1882

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

D. Ewalt M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Marsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} # 229 William St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, March 20th 1882

Undertaker, John S Thacher

Place of Business, Paca & Camden Sts

T. J. Bell M.D.,

Medical Attendant

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53381 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Conerd

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* *Months,* 3 *Days.*

Color, 10 Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 31 W Bal St

Cause of death, First, (Primary,) Syphilis

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 20th 1882

Undertaker, John Meacher

Place of Business, No 150 Eamar

I. C. Burch M. D.,

Medical Attendant.

Address, 15 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schultz

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} Inmate Almshouse

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 20th 1882

Undertaker, John Fuhr

Place of Business, 161 Pratt St

F. D. Lanier M. D.
Medical Attendant.

Address, Almshouse Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33383 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 18th,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes McCarty

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, 8 years,

Place of Death, {Give street and Number.} City Hospital, Calvert & Saratoga

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mos,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, March 21 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

E. Van Nole M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53384. *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR. 20. 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flaherty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Armistead Lane

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) (Cause unknown)

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 22-82

Undertaker, C. F. Krause

Place of Business,

H W Welch M. D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53385 *Office of Registrar of Vital Statistics.* Ward 7 b

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR. 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E. Mesner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 270 N. Bond st

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Apnoea

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21st

Undertaker, Geo. Schilling

Place of Business, 61 St Paul. Square

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 305 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53386

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Bode

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Garment Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 716 N. Carlin's St

Cause of Death, First, (Primary.) Softening of brain

Second, (Immediate.) Paralysis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22nd

Undertaker, Leo Schilling

Place of Business, Ashland Square *Address,* Broadway & Aisquith St

Milton A. Taylor M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 53387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 20 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen R. Keagle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 1 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 N. Eden

Cause of Death First, (Primary.) Measles

Second, (Immediate.) Meningitis with Pen Parotiditis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 21st

Undertaker, George Schilling

Place of Business, Ashland Square

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. [illegible] CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55588 *Office of Registrar of Vital Statistics.* Ward 7th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Alwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and Number.} 285 N. Ann St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Marasmus

Duration of Last Sickness, 14 Mos.

All the above information should be furnished by the Physician.

Place of Burial Ind Council

Date of Burial, March 21/82

Undertaker, Frye & Iro

Place of Business, 71 N Broadway

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm James Gentry Bacon

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 5 h *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Louisiana

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } Mount Airy, Carroll Co Md

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Hypostatic Congestion of Lungs

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial P. C. B. Y. Waverly

Date of Burial, March 21, 1882

Undertaker, M. A. Daugherty

Place of Business, 94 S. Broadway

H. Elmer M. D.
Medical Attendant.

Address Mount Airy Carroll Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53390 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Westfall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 35 7 McHenry St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 8 Years

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Park Cemetery

Date of Burial, March 21

Undertaker, Joseph B Cook

Place of Business, 70 7th St Baltimore *Address,* 369 Hollins St

James Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53591

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

Date of Death, March 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor: John and Valley Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 20th 1882

Undertaker, H. Schultheis

Place of Business, E. Monument St

Wm Brooke Tyler M.D.,
Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 53592

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 20 1932 BALTIMORE

Date of Death, March 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Duff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 194 Bethel st N

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Cem

Date of Burial, March 21st 1882

Undertaker, Wm H. Hickman

Place of Business, 1234 Gay S

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. Johnson

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53393 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch. 19. 1882

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley Walters.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~ 58 *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow~~ *or Widower,* {Cross out the word not required in this line.} Don't know

Occupation, Paper Hanger.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, " " "

Place of Death, {Give street and Number.} City Hosp. Colvert & Saratoga St

Cause of Death, First, (Primary,) * Phthisis

Second, (Immediate,) Cardiac Paralysis, from Pul. obstruct.

Duration of Last Sickness, 5 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cast. Baltimore Cemetery

Date of Burial, March 21st

Undertaker, Adam Fink

Place of Business, 46 N. Gay St. *Address,* City Hospital

D. Paul Morf *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53394

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Lehultz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } E Ridgely St.

Cause of Death, First, (Primary.) Confluent Small Pox

Second, (Immediate.) Bronchitis

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Germin Luthrin Guilhill

Date of Burial, March 20th 1882

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore

D. L. H. Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

Date of Death, March 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hills

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt:

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 509 Fayette St.

Cause of Death, First (Primary,) Uncertain — most likely Cancerous

Second (Immediate,) degeneration of Stomach

Duration of Last Sickness, Over two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Monday 20th/882

Undertaker, J. N. McCoy & Co

Place of Business, 22 N. Fray & Mus A

H. Wilson M. D.
Medical Attendant.

Address 287 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55396 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT Mar 20 1882 BALTIMORE

Date of Death, March 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abegaie Chadbourn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 82 *Years,* ——— *Months,* ——— *Days,*

Color, W,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #88 St. Marys St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 21 1882

Undertaker, C. R. Scarborough

Place of Business,

Geo. W. Dawson M. D.,

Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53397 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Gunnell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 12 months

Place of Death, {Give street and number.} 22 Concord St. above Eager

Cause of death, First, (Primary,)

Second, (Immediate,) General Atrophy & Marasmus 12 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stewartstown Penn.

Date of Burial, March 21 1882

Undertaker, E R Carman

Place of Business, 38 Eastern Ave

Edward P. McDonald M. D.,
Medical Attendant.

Address, 169 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2576 Transfer [OVER.]

Board of Health, City of Baltimore,

Permit No. 33398 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

Date of Death, March 19 = 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Ann Hackmire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 450. Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age.

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 21 = 1882

Geo. W. Dorsey M. D.,

Medical Attendant

Undertaker, J. B. Cook.

Place of Business, 704 W Balto St Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilfred Hutton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Carriage Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 339 Fifteenth street.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) (Asthenia)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 21st

Aug. R. Edsall M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld *Address* 509 Hanford ave

Place of Business, 90 Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 55600 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPART. MAR 20 1882 BALTIMORE

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Osburn Sullivan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 31 S. Carrollton ave

Cause of Death, First, (Primary,) Smale Pox

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial. Western Cemb

Date of Burial. Mch 20/82

Undertaker, F. A. Kerchner

Place of Business, 20 S. Carrollton

Geo. H. Emerson M. D.,

Medical Examiner.

Address Commissioners Hall

Report

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo E Brown Inspector

Board of Health, City of Baltimore,

Permit No. 8860 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19 - 1882 (Fiennes Steffes)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fiennes Steffes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Polar Alley

Cause of Death, First, (Primary,) Eclampsia Parturum

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 21st

Undertaker, Geo. Schilling

Place of Business, Ashland Ave. *Address,*

Geo. Steffes M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55602

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walker Stephens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 - Bowdin ac near Baker st

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate.) Convulsions

Duration of Last Sickness, Sick almost all his life

All the above information should be furnished by the Physician.

Place of Burial, Thorpe st. Cem'y.

Date of Burial, March 20th 1882

Undertaker, Wm H. Burke & Co.

Place of Business, 97 West Pratt

Chas E Sadtler M.D.,

Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53603 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 118, Saint Paul Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, March the 21 Theodore Otis M. D.,

Undertaker, B. Hyde Medical Attendant.

Place of Business, Main & West Sts *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53604. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emerick E. Brauns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Burner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hungary

Duration of Residence in the City of Baltimore, 1 Year & 8 mos

Place of Death, {Give street and number.} Pier No 2 Leigh & Wharf

Cause of Death, First, (Primary.) Hypertrophy of the heart

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 21 1882

E. E. Bell M.D.,

{Medical Attendant} Coroner's Phys'n

Undertaker, H. Sander Son

Place of Business, 252 Caroline Ave *Address,* 161 S. Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55605 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles ~~Wm~~ Recol

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 9 N. Wolfe St

Cause of death, First, (Primary,) Marasmus.

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, 22d March 82

Undertaker, Wm Sicard

Place of Business, 258 Alice Ann

..... *M. D.,*
Medical Attendant.

Address, 191 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53606

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leemia Mahoney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 226 Henrietta St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) "

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Church St. Cemetery

Date of Burial, March 21

Undertaker, H Ross

Place of Business, 95 Conway St

Dr. A. Bell M.D., (Medical Attendant)

Coroner's Phys.

Address, 161 W Shamp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53607 *Office of Registrar of Vital Statistics.* Ward 20 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Weel-

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* ~~Months,~~ ~~Days.~~

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Three Years ✓

Place of Death, {Give street and number.} No. 1 Shilds alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21

Undertaker, H Ross

Place of Business, 95 Lombard St

F. W. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tommy Bosley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} City Balto ✓

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 126 S. Collington Ave

Cause of Death, First, (Primary,) Catarrh of Bronchiate

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 21

Undertaker, Fry & Co

Place of Business, 6th & Broadway

E. Shaw M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33609 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} W. Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 73 Oxford Alley

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 21 82

Undertaker, H C Hemsley

Place of Business, 116 Hopkins Pl

J E Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53610 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dowell.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 76 Burgundy Alley

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Consumption.

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, March 21st 1882

Undertaker, Jacob Lair

Place of Business, No 103 W Pratt St

L. G. Wilkie M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Chase

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~[illegible]~~ Years, ~~[illegible]~~ Months, 6 weeks, ~~Days.~~

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~[illegible]~~

Occupation, ~~[illegible]~~ Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 164 Sterling st

Cause of Death, { First (Primary,) Trismus Nascentium
Second (Immediate,) Convulsions

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

John Monroe M. D.
Medical Attendant.

Address 244 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 53612 — *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. Blaney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 101 N. Exeter St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Mar 21st

Undertaker Meeth & Shields

Place of Business, 60 N Carrollton ave

Theodore Gatch M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33613 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henkel

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} —

Age, 39 *Years,* 6 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, Harness Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 35 Millerman St

Cause of Death, First, (Primary,)

Second, (Immediate,) Uraemia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 21st /82

Undertaker, Adam Fink

Place of Business, 461 W Bay St

Silas N. Hunter M. D.,
Medical Attendant.

Address. 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55614 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis M. Bowers

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Forty Seven *Years,* Nine *Months,* Twenty *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 494 Saratoga

Cause of Death, First. (Primary.) Phthisis Pulmonalis

Second. (Immediate.) "Mhr Malarial Fever"

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, March 22' 1882

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto St *Address,* 584 N. Fayette St

L. G. Pattison M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5516/5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th March 1882 at 5 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. T. Winpasett

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 154 Ramsay Street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 21

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

A. A. Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Inspector Call

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie I. Steltz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Three *Years,* Six *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3½ Years

Place of Death, {Give street and number} # 371 W. Fayette St.

Cause of Death { First, (Primary,) Acute Nephritis, Diphtheritic,
Second, (Immediate,) Asthenia

Duration of last Sickness, Five Weeks (5 wks)

All the above information should be furnished by the Physician.

Place of Burial Bolte Cemetery

Date of Burial March 22nd 1882 J. Chew Worthington M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 55617 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie F Worthington

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eleven *Years,* nine *Months,* Seven *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No. 52 N. Greene St.

Cause of death, First, (Primary,) Concussion of brain

Second, (Immediate,) Paralysis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, March 22nd 1882

Undertaker, John H. Wenzel

Place of Business, 274 Paca St

F. H. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE

Date of Death, March 21st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Addison Earle

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* 21 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number} 14 Welch St.

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Kent Island Md

Date of Burial, March 23.

Undertaker, B. Clarke

Place of Business, 82 West St.

Robert S. Lowe M. D.
Medical Attendant.

Address, 229 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2578 Transit

Board of Health, City of Baltimore,

Permit No. 53619 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister M. Placida Doyle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Sister of Charity

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 36 yrs in U. S.

Duration of Residence in the City of Baltimore, 4 yrs 6 mos

Place of Death, {Give street and number.} St Joseph's School 43 Barre St.

Cause of death, First, (Primary,) Hydrothorax

Second, (Immediate,) Apnoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 22nd/82

Undertaker, C. F. Kearse.

Place of Business,

D Tillman M. D.,
Medical Attendant.

Address, 154 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33620 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eldridge

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* 5 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~——~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 309 E. Pratt St

Duration of Residence in the City of Baltimore, ~~——~~

Place of Death, { Give street and number. } 309 E. Pratt St

Cause of ~~death~~, { First, (Primary,) Intercholer Infantum

Second, (Immediate,)

Duration of Last Sickness, about 2½ month.

All the above information should be furnished by the Physician.

Place of Burial, Cape May, N. J

Date of Burial, Mar. 23" 188

Undertaker, ~~——~~

Place of Business, 74 S. Bway

W. F. Cronin *M. D.,* Medical Attendant.

Address, 18 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2880 Mass [OVER.]

Board of Health, City of Baltimore,

Permit No. 33621 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freeman C. Rogers

HEALTH DEPARTMENT MAR 21 1882 BALTIMORE.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} So. Dennis. Mass

Duration of Residence in the City of Baltimore, Nine

Place of Death, {Give street and number.} St. Josephs Hospital

Cause of Death, First, (Primary.) Acute Cystitis

Second, (Immediate.) Uraemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, South Dennis, Mass

Date of Burial, March 23rd 1882

Undertaker, M. A. Saiger

Place of Business, 74 S. Broadway

Lucius D Goldsborough M.D.,
Medical Attendant.

A Asst. Surg. U.S.N.

Address, St. Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2879 Freeman

Board of Health, City of Baltimore,

Permit No. 55622 *Office of Registrar of Vital Statistics.* Ward 9 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR. 21 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johana Smolynski

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Not Known

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany. 3 mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital Colvert & Saratoga Sts

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Acute Phthisis (and sequences)

Duration of Last Sickness, 3 mos. +

All the above information should be furnished by the Physician.

Place of Burial E. Public Cem.

Date of Burial, Mch 22 1882

Undertaker, P. Mullen

Place of Business, ——

E. Davis M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58623 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

Date of Death, March 18=1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Chester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 18 *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #13 Clarkson Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 21=1882

Undertaker, Geo W Perkins 760

Place of Business,

Geo. N. Benson, M. D.,

Medical Examiner.

Address, Commission & Health Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Chas E Lundeen

Board of Health, City of Baltimore,

Permit No. 55624 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

Date of Death, March 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Johnson

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ *Widow,* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 22 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} [redacted] University Hospital

Cause of Death, First, (Primary,) Valvular disease of heart

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, March 22 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Flint M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53625 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Albert Clark.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bell Hanger.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 101 N. Stricker St

Cause of death, First, (Primary,) Pthysis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Ships Road

Date of Burial, March 22nd 1882

Undertaker, G. Frank Loane

Place of Business, 634 W. Balto St

Jas Jordan M. D.,
Medical Attendant.

Address, 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55626 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Vogelgesang.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 207 Chesnut Alley.

Cause of death, First, (Primary,) Eclampsia.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, on 22d March. 1882

Undertaker, F. J. Kohlhepp.

Place of Business, 308 Franklin.

L. Rickert, M. D.,
Medical Attendant.

Address, 320 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55627 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1882 at 11 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rachor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar - maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 151 Stirling ste

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St James's Cemetery

Date of Burial, March 23, 1882

Undertaker, Henry Rau

Place of Business, 329 Central Ave

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55628 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Murphy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ... ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 173 Chesapeake St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cyanosis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem.

Date of Burial, March 22. 1882

Undertaker, Wm H Hickman

Place of Business, 234 W. Gay St.

Edward P. McGrath M. D.,
Medical Attendant.

Address, 1694 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53629 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 36 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 44 Back Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22

Undertaker, H Ross

Place of Business, 95 Lombard St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33630 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

Date of Death, March 21 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} dos. Weis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *1 Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 63 Bank st.

Cause of Death, First, (Primary,) Infantile Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 22nd 1882

Undertaker, Elisha Cox

Place of Business, 84 786 Bank St Address, 117 S Broadway

R W Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55631 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21=1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} *56 Canal Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cem

Date of Burial, March 22=1882

Undertaker, Mason Thomas & Co

Place of Business, 43 Woodyears Alley

Geo. N. Dixon M. D.,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health. City of Baltimore,

Permit No. 55632 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hemerick Fredricksons

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } not known

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 days ✓

Place of Death, { Give street and Number. } City Hosp. Colvert & Sasoloya

Cause of Death, First, (Primary,) – Erysipelas

Second, (Immediate,) Blood poisoning (very Malig)

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetry

Date of Burial, 22 March

Undertaker, Mr P Mullin

Place of Business,

E Van Note M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53633 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed. William Cavell.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1½ *Years,* *Months,* *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 6 Bruce st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 174 Vine st

Cause of Death, First, (Primary,) Teething

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial Sharp st Cemetery

Date of Burial, Mar 22 82

Undertaker, A. Hamsley

Place of Business, Maryland ave 20 *Address,*

Alexander Tinsley M. D.,
Medical Attendant.
Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 55634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. B. Young

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Shenandoah Co. Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 177 N. Hoffman St

Cause of Death, First, (Primary,) Effusion upon Brain

Second, (Immediate,)

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 23d 1882

Undertaker, Wm. O'Meara

Place of Business, [illegible]

D. C. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maigaret E Griffin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 351 Pleasant Street ✓

Cause of Death, First, (Primary.) Dementia Paralytica

Second, (Immediate.) Paralysis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 22nd 1902

Undertaker, W. A. Daiger

Place of Business, S. Broadway

Edward Gruber M.D.,
Medical Attendant.

Maryland Hospital for Insane

Address, Catonsville

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55636

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Inloes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} 170 E Pratt St

Cause of Death, First, (Primary.) Senile Catarrh

Second, (Immediate.)

Duration of Last Sickness, about a year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23rd 1882

Undertaker, John Lake

Place of Business, 161 E Balto St

D W C Attree M.D.,

Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 9 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 138 Low St Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 142 Low St

Cause of Death, First, (Primary,) Brain Fever

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, March 22. 1882

H. A. Wilcox M. D.
Medical Attendant.

Undertaker, William Burger

Place of Business, No 62 East St. *Address,* 81 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56638 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Deupert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 9 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty-seven years.

Place of Death, {Give street and number.} # 115 Lancaster St.

Cause of death, First, (Primary,) Ascites accompanied by

Second, (Immediate,) inflammation of Liver & Malaria.

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 24th 82

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* # 243 Alice Anna St.

John H. Kehlenger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Woodall

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number } 143 S. Stricker

Cause of Death, { First, (Primary,) Hydrocephalus & (Hydrorachis)
Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 22 1882

Undertaker, J. Cook

Place of Business, 709 W. Balto St.

Wm. B. Canfield M. D.
Medical Attendant.

Address, 246 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jenkins

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England 70 years

Duration of Residence in the City of Baltimore, Aged Woman, Atony of Brain

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) {Second (Immediate,)} One Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 23rd 1882

Undertaker, H. Pentz Conrad

Place of Business, 75 N Charles St

J. H. Miller M. D.
Medical Attendant.

Address 251 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 55641 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Fahey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 70 Dolphin St.

Cause of death, First, (Primary,) Hemiplegia

Second, (Immediate,) Meningitis

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Mar. 23" 1882

Undertaker, J. F. Byrne

Place of Business, 5-9 N. Liberty St

Edwd P. McDonnell M. D.,
Medical Attendant.

Address, 162 W. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53642 *Office of Registrar of Vital Statistics.* Ward 6 4.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23 D 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hutchman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 South Durham

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of Last Sickness, One Hour

All the above Information should be furnished by the Physician.

Place of Burial, Ft Hoffmansbutt

Date of Burial, March 25 1882

Undertaker, M. Frank

Place of Business, 35 Bank Lane

Geo. H. Dunant M. D.,
~~Medical Attendant.~~

Address, Comm. of Health

Ft Reynolds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55643

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

Date of Death, March 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Nicholas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engraver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} N. E. Charles & Lexington, Marble Alley

Cause of Death, First, (Primary.) Physical Debility - Rheumatism

Second, (Immediate.) Acute Rheumatism, affecting the heart.

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Near Leesburg Va

Date of Burial, Thursday March 23rd 1882

H. P. Morgan M.D.,
Medical Attendant.

Undertaker, J. N. McElroy & Co

Place of Business, 417 N. Fay & Mc *Address,* 119 W. Monument St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 5364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

Date of Death, March 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gwinn Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 108 Parkin st

Cause of Death { First, (Primary,) Vaccination
, Second, (Immediate,) Diphtheritic Sore throat & probably heart failure

Duration of last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Buttenar County

Date of Burial, March 23

Undertaker, Joseph Block

Place of Business, 707 West Baltimore 411

John Hood M. D.
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Send Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5561/5 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Francis Burgess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* three *Months,* five *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 3 Washer St.

Cause of death, First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23d 1882

Undertaker, Saml H. Shaw

Place of Business, 198 S. Howard St. *Address,* 226 Mulberry St.

Louis C. Elson *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55646

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Davis

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, about 36 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 29 Woodward St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount A. A. Co.

Date of Burial, March 23d 1882

Undertaker, John L. Mackie

Place of Business, No 150 Lombard St

H. W. Hebner M.D.,
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 58647 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hood

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co.

Duration of Residence in the City of Baltimore, Ten days

Place of Death, {Give street and Number.} University Hospital.

Cause of Death, First, (Primary,) Compound Fracture of Tibia & Fibula

Second, (Immediate,) Septicaemia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, March 23d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

C. W. Mitchell M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 53618

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Barry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number.} 33 Valley St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 24th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

John B. Hammett M.D.,
Medical Attendant.

Address, 51 W. Saratoga

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55649 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. McGreevy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 3 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book-Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and Number.} 220 Sanvale St.

Cause of Death, First, (Primary,) Pneumonia + Pleurisy

Second, (Immediate.) " "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Mch 24th 1882

Undertaker, Hall Enstins & Son

Place of Business, 76 N Charles *Address,* 307 Madison Ave

I. B. B. Browne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53650 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie L. Arnold

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 13 Mott St.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial 6 Miles on Belair Road Balto Co

Date of Burial, March 24th

Undertaker, Eco Schilling

Place of Business,

L. B. Arnold, M. D.,
Medical Attendant.

Address, 168 N. Jay Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53657 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Henry Gorett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* *Days.*

Color, black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 331 N. Howard St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 23rd 1882

Undertaker, Wm. E. Ware

Place of Business, 65 Mulberry St

G Lane Tanyhill M. D.,

Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5652

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy H. Hogendorfs

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N. E. Corn: Chatsworth and Eager Sts

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 2[illegible]

Undertaker, C. W. Bergan

Place of Business, Dep Eager

Pembroke H. Hooper *M.D.,*

Medical Attendant.

Address, 903 N. Eastern Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 23? 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Daniel Sunderland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. Madeira Alley 4 doors above Eight St.

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 24th 1882

Undertaker, M. A. Saiger

Place of Business, 74 S. Bond

James F. Wane M.D.,
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Tuckle Babcock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 33 Hollins St Laundries

Cause of Death, First (Primary,) \

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 23d 1882

H. A. Atkinson *M. D.*
Medical Attendant.

Undertaker, Wm O Weaver

Place of Business, No 202 N Eutaw St *Address* 119 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33755 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin Hynson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ~~ *Months,* ~~ *Days.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster dredger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 24 years ✓

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Gunshot wound, Septicaemia

Second, (Immediate.) Asthenia

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial W. Public Cemetery

Date of Burial, March 23/82

Undertaker, Jno. O'Connell & Kuchn

Place of Business, 50 S Carrollton Ave *Address,* Corner

Alexander Tinsley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 53656 *Office of Registrar of Vital Statistics.* Ward 14/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fiffie Deckman

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy

Date of Burial, March 23/82

Undertaker, Fred'k A Kirchner

Place of Business, 50 S Carroll St Balto

H West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55687 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Perrel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty four Yrs *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 188 N Paca St

Cause of death, First, (Primary,) Cirrhosis Hepatis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th 1882

Undertaker, Adam Fink

Place of Business, 461 W Gay St. *Address,*

E. W. Blue *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32638

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 24 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Alonzo Thompson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* Do not know *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 21 to 22 years

Place of Death, {Give street and number} 15 Little Rose St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Dr not known saw him but once at Dispensary

Duration of last Sickness, about 5 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1882 A. Morris Murray M. D.
Medical Attendant.

Undertaker, John E Monahan

Place of Business, 320 Lemmon Ave *Address,* 108 Colonial St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53659 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

Date of Death, March 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 20 Years, 2 Months, 10 Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 15. Claret alley

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield

Date of Burial, March 24th 1882

Undertaker, Geo W. Perkins

Place of Business,

Geo. W. Dixon M. D., Medical Attendant.

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Garland Gorham

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 4. *Months,* 11. *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 1100 S. Charles St

Duration of Residence in ~~the City of~~ Baltimore, Life

Place of Death, {Give street and number.} 1100 S. Charles

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th 2 P.M.

Undertaker, Charles F. Krause

Place of Business, 209 Hanover St

Geo. H. Bevan M.D.,
Medical Attendant.

Address, 1st Hanover & Ag

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Send messenger Dunbar

Board of Health, City of Baltimore,

Permit No. 53661 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. N Geuder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} Nr 78 Orleans St

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Consumption

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th

Undertaker, Geo. Schilling

Place of Business,

L D Underwood M. D.,
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53664 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca E. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 318 Hanford Ave

Cause of death, First, (Primary,) Fracture of neck of Femur-4 weeks ago

Second, (Immediate,) Old age

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th

Undertaker, Geo Schilling

Place of Business,

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53663 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

Date of Death, March 22d. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary —

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City Life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Vincents Asylum

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 24th March

Undertaker, Patrick Hunt

Place of Business, Asylum

R. H. Goldsmith *M. D.,*

Medical Attendant.

Address, Halethorpe Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53664 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Hassel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 6 *Years,* *Months,* *Days,*

Color, ~~White~~ White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 420 S. Poca St

Cause of Death, First, (Primary,) Pericarditis Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 24th 1882

Undertaker, John Flaherty

Place of Business, No 150 Camden

Wm Goodall M. D.,
Medical Attendant.

Address, 170 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53665 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hero Janssen Meyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* 5 *Months,* 9 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Ten months.

Place of Death, {Give street and number.} # 154 S. Regester St.

Cause of death, First, (Primary,) old age.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, March 25th 1882. } John H. Kehlenger M. D.,

Undertaker, Casper Eckhardt } Medical Attendant.

Place of Business, 269 Canton Ave. *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55666 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 23 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard F. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Builder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince George Co Md.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 448 N. Calhoun St.

Cause of Death, First, (Primary.) Cerebral Meningitis

Second, (Immediate.) " "

Duration of Last Sickness, 19 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 25/82

Undertaker, [illegible]

Place of Business, 536 Penna Ave

[illegible] M.D.,

Medical Attendant.

Address, 431 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55667

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard A. McCollum

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md. - Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 91 N. High St

Cause of Death, First, (Primary.)

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 25th 1882

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 1646 Druid Hill Ave

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grammer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* Five (5) *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 411 Mc Henry St.

Cause of Death First, (Primary.) Defective Nutrition

Second, (Immediate,) Asthenia.

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 25th 1882

Undertaker, Denny & Mitchell

Place of Business, 230 W. Fayette St

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53669 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henretta Lambright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and Number.} 73 E. Biddle St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 26. 1882

Undertaker, John W. Jackson

Place of Business, Cor of Gay & Gardiner *Address,* 319 N. Central Ave

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Fifty times

Place of Death, {Give street and number.} 61 Franklin Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 23 1882

Undertaker, William Monge

Place of Business, No 62 East Street

J. Shuler M.D.,

Medical Attendant.

Address, 41 N. Canby St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33671 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22d, 1882.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maternité ✓

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and number. } St. Vincent to infant Asylum — dying there received — Franklin.

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, march 24/82 —

Undertaker, Patrick Hunt

Place of Business, Asylum

R. H. Goldsmith — M. D.,

Medical Attendant.

Address, Harlem Av. and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53675 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24/82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Horlock

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md. South

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 126 St Paul St.

Cause of death, { First, (Primary,) ~~—~~ Burn.
Second, (Immediate,) }

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Saturday March 25th

Undertaker, J. N. McCoy & Co

Place of Business, #220 W. Fayette St *Address,* 185 W Fayette

J H Crim M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stitts Sprogings

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51 St. Paul St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Saturday March 26

M. D.
Medical Attendant.

Undertaker, J. N. McCoy Co

Place of Business, 17 W Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Asst Inspector Digges

[OVER.]

Board of Health, City of Baltimore.

Permit No. 33674 *Office of Registrar of Vital Statistics.* Ward 15 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1882 BALTIMORE

Date of Death, March 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} a a. Co Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 133 Sharp St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co Md

Date of Burial, Mar 25th 1882

Undertaker, C. F. Krause

Place of Business,

Medical Attendant. M. D.,

Address, 140 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Send Inspector Duke 2588

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas H Connolly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number.} 157 N. Carey Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, has been sick for months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem A. F. Bell *M. D.*

Date of Burial, March 26-82 Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 5 & 7 W Fayette St *Address* 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 33676 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula M. Harris -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City -

Duration of Residence in the City of Baltimore, During life -

Place of Death, {Give street and number.} 491 N. Gilmor St -

Cause of death, First, (Primary,) Diphtheria, Remittent Fever

Second, (Immediate,) Exhaustion Debility -

Duration of Last Sickness, 1 Day & 4 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 26th 1882

Undertaker, Emory & Mitchell

Place of Business,

A Buckert M. D.,
Medical Attendant.

Address, 320 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53677 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry C. A. Smith

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 30 *Years,* 8 *Months,* 29 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Attorney-at-Law

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 35 Conway St.

Cause of Death. First. (Primary,) Intemp.

Second. (Immediate,) Apoplexy

Duration of Last Sickness, 3 or 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet Cem.

Date of Burial. Mar 27

Undertaker, B. Early

Place of Business. 182 West

Jno. C. Smith M. D.,
Medical Attendant.

Address, 781 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53678 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Jeckel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 276. Bond St South

Cause of death, First, (Primary,) Scarletina.

Second, (Immediate,) Convulsion Lung. Organic

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 26th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

E. W. Janney. M. D.,
Medical Attendant.

Address, 260. E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Michael

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 8 *Months,* 19 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 471 W. Pratt st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leaden Park

Date of Burial, March 27th

Undertaker J. B. Cook

Place of Business, Balt & Graden

H. W. Reburn M.D.,

Medical Attendant.

Address, 298 W. Lombard st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33680 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Birtley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 7 *Months,* 2 *Days.*

Color, Mond

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond, Va.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 93, S. Durham St

Cause of death, First, (Primary,)

Second, (Immediate,) Asthma — Pneumonia

Duration of Last Sickness, several months.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. cemetery

Date of Burial, March 25, 1882

Undertaker, John Blotkamp

Place of Business, 260 E. Lombard St, *Address,* 253 Eastern Ave near Broad

A. V. Gouveia M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53681

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. E. Clarke

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Huntsville Ala.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 41 S. Exeter St.

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate.)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 26th 1882

Undertaker, Thos S. Hughes

Place of Business, 60 E. Baltimore St.

John F. Mummert M.D.,
Medical Attendant.

Address, 5 W. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53684

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 25, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Glaeser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 46 *Years.* 5 *Months,* 26 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Shoe Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } No 101½ Camden st

Cause of Death, First, (Primary.) Cancer of Liver (Encephaloid)

Second, (Immediate.) Prostration

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 26, 1882

Undertaker, W J Tickner

Place of Business, 65 S Eutaw St.

C L L Buddenbohn *M.D.,*
Medical Attendant.

Address, 166 S Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Fisk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* 24 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} No 161 N. Calvert St N.E. Cor Mount St

Cause of Death, First, (Primary.) Gangrene

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, 27th March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 67 E Balto St

Charles M. Morfit M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 2586

Board of Health, City of Baltimore,

Permit No. 33684 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Dennis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } 285 N. Eutaw St.

Cause of Death, First, (Primary,) Double Bronchitis

Second, (Immediate,)

Duration of Last Sickness, About 5 wks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 25 1882

Undertaker, H Roll

Place of Business, 45 Conway St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice R. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Eleven *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Orchard St,

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Phthisis

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 26 1882

Undertaker, S W Chase

Place of Business, 198 P Howard st *Address* 41 Orchard St

W. H. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine Mannan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 105 *Years,* 10 *Months,* 19 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Home Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. Thirty years

Place of Death, {Give street and number.} 27 E. Monument st.

Cause of Death, First (Primary,) Senile decay

Second (Immediate,) Old age

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 26th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

James A Steuart M. D.
Medical Attendant.

Address 930 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

[illegible] Mon 3d 1776. as amended [illegible]

Board of Health, City of Baltimore,

Permit No. 55687 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th /82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Constance

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 372 N. Gay St

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th

Undertaker, Geo Schilling

Place of Business, Ashland Square

A Aronson M. D.,
Medical Attendant.

Address, 1405 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53688

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25/82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Weakley

Sex, Male or Female, { cross out the word not required in this line. } Female.

Age, about 53 *Years,* — *Months,* — *Days.*

Color, white.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, { Give street and number } 180 Madison Ave.

Cause of Death, First, (Primary,) Insufficiency of Mitral valve of Heart

Second, (Immediate,) Congestion of Lungs Dropsy

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, March 26th 1882

Undertaker, Andrews & Hodges

Place of Business, 164 & 6 Druid Hill Ave

H. K. Bettinhill M. D.
Medical Attendant.

Address, 202 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 55689 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 3/4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal- Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial Mar 25

Undertaker, C. H. Blizzard

Place of Business, 207 Pine av *Address,* .....

C. F. Brune *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53690 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

Date of Death, March. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Trusty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days* 1

Color, Light

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 34 S. Madeira Al.

Cause of Death, First, (Primary,) Agonosis

Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial. Laurell Cemetery

Date of Burial. March 25th 1882

Undertaker. Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 68 S Broadway

Albert F. Thaud M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 19691 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 38 Constitution St

Cause of death, First, (Primary,) Inflammation and Softning of Brain with Paralysis.

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 26. 1882

Undertaker, Wm. H. Hackman

Place of Business, 234 W. Gay St.

Wilmer Brinton M. D.,
Medical Attendant.

Address, 2 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55692 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Forner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Lyon al

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood Poisoning

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 25 82

Undertaker, Jef Hendley

Place of Business, Marshburst

R. Winslow M. D.,

Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 55693

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McH Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} Alley leading from Park Ave between Eutaw

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) "

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Mar 25 1882

Undertaker, H. Hendley

Place of Business, Woodland Ave

C B Gamble M.D.,
Medical Attendant.

Address, 59 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51694. *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Victoria Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 46 *Days,*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 43 Ostend St

Cause of Death, First, (Primary,) Malignant

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 26 - 1882

Geo. W. Brown M. D.,

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

Address, Cumberland & Nevada

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. D. Alcock

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, Book-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} 347 N. Biddle St.

Cause of Death, First, (Primary,) Endocarditis

Second, (Immediate,) Congestion of Lungs, Debility & Dropsy

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Burial Ground

Date of Burial, March 26th 1882

Undertaker, Wm Weaver

Place of Business, 1202 N. Eutaw St

J. R. Weber M. D.
Medical Attendant.

Address, 234 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Leppard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* / *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ... ✓

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 114 Scott St

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Wilde Cemetery

Date of Burial, March 28 1892

Undertaker, Geo. Colhoun

Place of Business, 826 St. Paul Address 125 S. Sharp St.

H. Hubbert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 55697 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Witts Sr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 453 E. Chase Street

Cause of Death, First, (Primary,)

Second, (Immediate,) General Dropsy

Duration of Last Sickness, 18 years

All the above information should be furnished by the Physician.

Place of Burial. Western Cemetery

Date of Burial. March 27 1882

Undertaker, John Lake

Place of Business, E. Balto St

Geo. H. Denstman M. D.,
Medical Attendant

Address, Board of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55698 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Evans

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* Six (6) *Months,* Five (5) *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 218 N Eutaw

Cause of death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 27th 1882

Undertaker, Henry Koch

Place of Business, 304 Central Ave

E. Ellis Stone M. D.,
Medical Attendant.

Address, 218 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33699

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 25th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura M. Brill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 1 Oak St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cemetery~~

Date of Burial, ~~March 27th 82~~

Undertaker, Thos P Hughes

Place of Business, 511 E Balto

Wm. Brooke Boyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

2587 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 53700

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dorsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 17 Hanover St.

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,) asphyxia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 25th 1882

Undertaker, Chas J Loeb

Place of Business, 73 Jefferson St

Wm A. Hill M. D.
Medical Attendant.

Address, 191 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55701 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March, 25th, 882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 6 *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} ~~X~~ 188 S Spring St,

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, E Balto B Cemetery

Date of Burial, March 25th

Undertaker, Mr P Mullin

Place of Business,

John H. Rehburgen M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53702 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 23/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~one~~ *Years,* ~~one~~ *Months,* 20 *Days.*

Color, Colored

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Vincent Alley (no number)

Cause of Death, First, (Primary,) Dont Know (had a cough)

Second, (Immediate,) Dont Know -

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial Thorpe Gra Cemetery

Date of Burial March 27 1882

Undertaker, Wilkinson Dorsey

Place of Business, No 62 East Street

Thos Opie M. D.,

did not attend

Address, 39 W. Carey St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 55703 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

Date of Death, March 23 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named (Baby Elliott)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Lived 30 minutes *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———.

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 3 Stockton al.

Cause of death, First, (Primary,) Premature Birth - at

Second, (Immediate,) 7 mos.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, March 26 1882

Undertaker, William Berger

Place of Business, No 62 East St.

[signature] M. D.,

Medical Attendant.

Address, 215 Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55704 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 5 *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 78 Aiken St

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 25 1882

Geo. W. Jenson M. D., Medical Attendant.

Undertaker E. R. ~~Lockington~~

Place of Business, Eutaw St *Address,* Commissioners

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33705 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Cobourn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 1 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 34 Albemarle St

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of Last Sickness, My wife took sick was called & the child was almost moribund

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 27th 1882

Undertaker, John Ivee

Place of Business, 161 Balto St

G. Glenville Emack M. D.,
Medical Attendant.

Address, Balt. & Nash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria F. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 233 So. Eutaw St

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Mar 26th 1882

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Ave

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53707 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 /82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josefh Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Twenty (20) *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State in country, and how long in the United States, if of foreign birth. } Dont Know

Duration of Residence in the City of Baltimore, (2) two Years,

Place of Death, { Give street and Number. } Maryland Penitentiary

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Bone Abscess

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery

Date of Burial, March 25

Undertaker, Mr P Mullin

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 162 Fountain st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Williams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 65 *Years,* 11 *Months,* 7 *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Miner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, { Give street and number. } Harford Ave & Central Ave.

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) Inflamation of Stomache

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, March 27 1882

H. G. Watson M. D.
Medical Attendant.

{ *Undertaker,* William N Dunger
{ *Place of Business,* No 62 East Street *Address* 457 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 55709 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mary Brinkmeyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 52 11 N. Eden st

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheral Croup

Duration of Last Sickness, About 8 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cem

Date of Burial, March 27 1882

Undertaker, Fred Gaede

Place of Business, Cowlin St

J Rugan Reed M. D.,
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55710 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882. Ellen

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs [redacted] Barker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #421 West Lanvale St.

Cause of Death, First, (Primary,) Organic Heart Disease

Second, (Immediate,) Apnoea.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, March 27 1882

Undertaker, John H McCoy

Place of Business, 22 W Fayette St

Robt. J. Wilson M. D., Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55711 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia M. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} 441 Cross St ✓

Cause of Death, First, (Primary,)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, March 27th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross, sts. *Address,* 146 Hanover st.

at Fenton, Balto. *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 55712 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1882 BALTIMORE, MD.

Date of Death, March 26, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa A. Fillmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 136 Ridgely St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia (Chronic)

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 27th 1882

Undertaker, Julius Kochler

Place of Business, Sharp & Cross, *Address,* 14 & Hanover St

Woodson Cottle M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babetta Bamberger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 88 N Eutaw Street

Cause of Death First, (Primary,) Bronchitis & old age

Second, (Immediate,) collapse

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, March 27th 1882

A Friedenwald M. D.
Medical Attendant.

Undertaker, Wm Dilau

Place of Business, 101 Joseph St *Address,* 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 35714 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert E. Emmett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 21 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 603 N Gay St.

Cause of death, First, (Primary,) Premature birth-

Second, (Immediate,) debility

Duration of Last Sickness, From birth-

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 1882

Undertaker, Adam Gimp

Place of Business, 416 N. Gay St. *Address,* 314 N. Broadway

W. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 55716 *Office of Registrar of Vital Statistics.* Ward 12

. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 30 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 26 March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Purcell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 109 Druid Hill ave

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 28

Undertaker, Wm Carlson

Place of Business, 227 Baltimore St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Pedde

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5716

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1882 BALTIMORE MD.

Date of Death, March 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Buckley

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} 42 Parish St

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Pneumonia

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, St Johns Roman Cemetery

Date of Burial, Mar 27

Undertaker, Mr Cadogan

Place of Business, 227 Mulberry St

W. R. McShane *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 26 1882
BALTIMORE, MD.

Date of Death, 3.25.82

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira Nixon Foster

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} F

Age, 47 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} 11 N. Fremont

Cause of Death {First, (Primary,) Albuminuria

{Second, (Immediate,)

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Mar. 27

Undertaker, M. Cadogan

Place of Business, 227 Hustead St

Edwin M. Eshleman M. D.
Medical Attendant.

Address, 343 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55778 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Pauline L. Herz~~ March 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline L. Herzer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 296 Saratoga st

Cause of Death, First, (Primary.)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 27

Undertaker, W. Cabaniss

Place of Business, 220 Mulberry St *Address,* 146 Hanover St

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55719 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Milton Mesner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 270 N. Bond St

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Uraemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th

Undertaker, George Schilling

Place of Business,

Geo. A. Vastine M. D.,
Medical Attendant.

Address, # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 55720

Office of Registrar of Vital Statistics. Ward 6 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Roone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} C

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 N. Eden st

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, March 29th

Undertaker, George Schilling

Place of Business, *Address,* *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 5572 1 *Office of Registrar of Vital Statistics.* Ward 1 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G Glaspey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 13 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 530 Canton ave

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 27th

Undertaker, Geo. Schilling

Place of Business, ... *Address,* 13[illegible]

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Michael

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, ——— *Years,* 2 16 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 6 S. Carroll Im Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 4

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 26 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 39 N Caroy St

Thomas Opie M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55923 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday 25th ult 3 p. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Huber.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 13.

Place of Death, {Give street and number.} No 132 Saratoga. ✓

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Abscess. Consumption

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Ft Pleasant

Date of Burial, Mar 27

Undertaker, Henry Bergman

Place of Business, 45 Clay St

John S. Fiser, M. D., Medical Attendant.

160 Address, (160) Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53724 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Mayloons

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 80 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, about 28 years

Place of Death, {Give street and Number.} 15 Rose St

Cause of Death, First, (Primary.) Old age

Second, (Immediate,) Typhoid Symptoms

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, March 27-1882

Undertaker, John C Jordan

Place of Business, 1263 Hanover

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33725 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Graff.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 36 N. Caroline St.

Cause of death, First, (Primary,) Measles (Typhus)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, ~~1~~ Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 28th 1882

Undertaker, Dunn & Mitchell

Place of Business, 65 S Broadway

G. Glanville Lusk M. D.,
Medical Attendant.

Address, Balt. & Hanl. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53726 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Arndt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Biddle st

Cause of Death, First, (Primary,) Splenic Leukaemia

Second, (Immediate,)

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, March 28

Undertaker, Walter Immel

Place of Business, 315 W Balto.

Dr E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33727. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 62 or 63 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life -

Place of Death, {Give street and number.} back of 75 Elbow Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis - Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 27th 1882

Undertaker, J. A. Kerchner

Place of Business, ———

Wm. H. Bell M.D.,

Medical Attendant.

Coroner 2d Dist.

Address, 161 So Stricker St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33728 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Zapkoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Seven (7) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1 Hillen St near Central Ave

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, March 28th 1882

Undertaker, Peter Frey

Place of Business, 91 E Fayette Ave

I W Slow M. D.,
Medical Attendant.

Address, 1 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33429 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. P. Clark

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, NO

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 294 N Howard St

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, One years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th 1882

Undertaker, Henry W Mears

Place of Business, 45 N. Gay St

I H. Baltimore M. D.,
Medical Attendant.,

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53730 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 268 Park Ave.

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Epilepsy —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, March 28th 1882

Undertaker, J. F. Byrne

Place of Business, 5-9 W. Liberty St

Thos. Ashby, M. D., Medical Attendant

Address, 49 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W. Shaw

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 30 hours *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Father

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 484 Eutaw Place

Cause of Death {First, (Primary,) Premature Birth

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 27th 1882

Undertaker, Wm. Weaver

Place of Business, No. 202 N. Eutaw

Thomas Shearer M. D.
Medical Attendant.

Address, No. 974 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Saturday 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Franklin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 21 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Nr 8 Norris Alley Lafayette

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Wilmer Alley

Cause of Death First, (Primary,) ~~Scrofula~~ Scrofula

Second, (Immediate,) Softening of the brain

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Penal Cemetery

Date of Burial, August 27 1882

G. N. Norris M. D.
Medical Attendant.

Undertaker, Wellmer Bros

Place of Business, No 62 East Pratt Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33733 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Ernest Taylor

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} .....

Age, 2 *Years,* 7 *Months,* 29 *Days,*

Color, ~~White~~ Light Brown Hair

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} .....

~~Occupation,~~ .....

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 5 Penn Alley

Cause of Death, First, (Primary,) Rachitis

Second, (Immediate,) Bronchitis + Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. March 27

Undertaker, A Wilson Thomas & Co

Place of Business, 43 Mooreall

Wm A Meade M. D.,
Medical Attendant.

Address, 152 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55734

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24t 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Barnes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 0 *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No 9 Morris Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Consumption

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Louis Cemetery

Date of Burial, March 27

Undertaker, Watson Thomas & Co

Place of Business, 45 Monument

[illegible] M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53735 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Christeanna Hoey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 10 *Months,* 0 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 169 S. Regester St.

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews, Cem.

Date of Burial, March 27 '82

Undertaker, Henry Sanders

Place of Business, 252 Caston Ave, *Address,* #243 Alice anna St

John H. Keller M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53736 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Reiley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Hume St No 3

Cause of death, First, (Primary,)

Second, (Immediate,) Exhaustion old age

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, March 28th

Undertaker, George Schilling

Place of Business,

J Ridgway Dunn M. D.,
Medical Attendant.

Address, 121 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55737 *Office of Registrar of Vital Statistics.* Ward 9 4/11

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Brazilaro

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 ~~yrs~~ *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Watch winder.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 8 wks (2)

Place of Death, {Give street and Number.} City Hospital, Colvert & Saratoga Sts

Cause of Death, First, (Primary,) 38 Incised wounds on various parts of body

Second, (Immediate,) Pneumonia and Hemorrhage

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemy

Date of Burial, Mch 28th 1882

Undertaker, William Perry

Place of Business, ~~xxx~~ *Address,* City Hospital

E. Van Note M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55738 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Herman Hesing Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Restaurant keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 318 N. Bond

Cause of death, First, (Primary,) Bronchio Pneumonia Cozoosa Chronica

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 29th 1882

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* Hanover & Augusta Sts

A. Aaronsohn M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55739 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 17 Months, Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 254 Eu St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, Eight (8) Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, March 28th 1882

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

D. L. Shaw M. D.,
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55740 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Ach 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Watkins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 5 y

Place of Death, {Give street and number.} 1 Durst alley

Cause of death, First, (Primary,) Paralysis of heart

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March 28

Undertaker, B. Healy

Place of Business, 82 West St.

R. H. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53741 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. H. Stoddard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 196 Raborg St

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Dropsy

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1882

Undertaker, John H. Owens

Place of Business,

Geo. W. Benson M. D., Medical Attendant

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James B. Watkins

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 148 Townsend St.

Cause of Death { First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) 3 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, March 28th 1882

Undertaker, Thos S Hughes

Place of Business, 611 E Balto

Chas. H. Tilly M. D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Th? Special Attention of P...

Board of Health, City of Baltimore,

Permit No. 53743 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1892 BALTIMORE

Date of Death, March 26 92.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maisanna Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 222 West St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial March 28

Undertaker, H Ross

Place of Business, 95 Conway St

W S Booze M. D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55744 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Woybert

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 42 *Years,* 9 *Months,* 20 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 24 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 156 Pine st.

Cause of Death, First, (Primary.) Cerebral Tumor

Second, (Immediate.) Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29th 1882

Undertaker, John S Mercher

Place of Business, No 150 Camden st

C. L. Buddenbohm *M.D.,*

Medical Attendant.

Address, 166 S. Pacca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5374S *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

Date of Death, Mar. 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gertrude Alistow

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 13 Jenkins Al.

Cause of Death, First, (Primary,) Phthisis Pulmonum

Second, (Immediate,)

Duration of Last Sickness, About 4 mos.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 28th 1882

Undertaker, Sam'l W. Chase

Place of Business, 178 S. Howard St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53746 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Herman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 18

Place of Death, {Give street and number.} E S Plum alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea (5 days)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1882

Undertaker, C. H. Chase

Place of Business, 14 S Howard St

D. A. P. Ellis *M. D.,*
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 38747 / *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

Date of Death, March 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lukas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 110 York corner

Cause of Death, First, (Primary,)

Second, (Immediate,) Bright's Disease of Kidneys

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial March 29 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 146 Hanover St

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 28 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Horton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73 years *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 197 Montgomery St.

Cause of Death { First, (Primary.) Apoplexy
Second, (Immediate,)

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28 1882 W. Christian Saunders M. D.
Medical Attendant.

Undertaker, Armstrong & Deany

Place of Business, 263 Light St *Address,* 229 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DEANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55749

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Simmering

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 1 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 399 S. Eutaw St

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.) [redacted] Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 30th 1882 A. McCotter *M.D.,*

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 343 Hollins St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 33758

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

Date of Death, March 28th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 130 N. Eutaw St

Cause of Death, First, (Primary.)— Old age

Second, (Immediate.) Chronic pneumonia

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 28th 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Medical Attendant. Milton J. Jones *M.D.,*

Address, Baltimore & Eutaw Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Dr Taylor's Certificate Book

Board of Health, City of Baltimore,

Permit No. 53751

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Ward.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months,* 23 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} 279 Exeter St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Typhoid-Pneumonia.

Duration of Last Sickness, 1 Wk.

All the above information should be furnished by the Physician.

Place of Burial, Frederick County

Date of Burial, March 29th 1882

Undertaker, John Meaher,

Place of Business, No 150 Canton Av

J. T. Hilton, *M.D.,*
Medical Attendant.

Address, Fayette & Paca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2588 Trans

Board of Health, City of Baltimore,

Permit No. 53752 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Booker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 267 N. Shriver st.

Cause of death, First, (Primary,) Phthisis Pulm — Chronic

Second, (Immediate,) Acute Pneumonia & Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, March 28 1882

Undertaker, J. Frank Lozier

Place of Business, 654 W. Baltimore

R. H. Mifflin *M. D.,*

Medical Attendant.

Address, 184 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice E. Dennis.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 35 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, About 25 Years.

Place of Death, {Give street and number} 760 N. Lexington St

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,) Hemorrhage

Duration of last Sickness, About 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 28

Undertaker, C. W. Blizzard

Place of Business, 201 Lemmon

Geo. E. Buhler M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 55754 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* *Days.*

Color, White

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Virginia

Duration of Residence in the City of Baltimore, About 12 yrs

Place of Death, {Give street and number.} No 156 Pearl St Balt

Cause of death, First, (Primary.) Bright's Kidney Disease

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Lemont Accomac C.C, V.A,

Date of Burial, March 30/82

Undertaker, Thos Bethel

Place of Business, 192 Jerman St *Address,* [illegible]

James H. Stubbs *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2590 Mar

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Krueger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* Seven *Months,* Three *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number} 146 N. Henry St.

Cause of Death, First, (Primary,) Apoplexia

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 29th 1882

G. Hepe, *M. D.*
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 583 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Virginia Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 E Lombard St

Cause of Death, First (Primary,) unknown

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Mch. 28 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto. St.

H A Siffendaffer M. D.
Medical Attendant.

Address 2 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53757 *Office of Registrar of Vital Statistics.* Ward 5½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Lawson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 110 Chesnut St

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Anasarca.

Duration of Last Sickness, Indefinite period

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, March 28th 1882

Undertaker, P. Mullin

Place of Business, S. P. Park ave *Address,* Comm n P L

Dr. O Kw alke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55758 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 7 *Months,* —— *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Harmony Lane

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two Weeks (I was called three days before death)

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Mch 28/82

Undertaker, Fred'k A Kochnus

Place of Business, 50 S Carrollton Ave *Address,* 47 Edmondson Ave

Jas. E. Gibbons M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Trueheart Loker

Sex, ~~Male~~ or *Female,* { Cross out the words not required in this line. }

Age, Three *Years,* Seven *Months,* Twenty Six *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } St. Mary's County, Maryland.

Duration of Residence in the City of Baltimore, One year and Nine Months

Place of Death, { Give street and number. } 31 N. Stricker Street

Cause of Death, { First (Primary,) } Meningitis — Convulsions — Death.
{ Second (Immediate,) } Effusion.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Saint Mary's Co Md

Date of Burial, March 29th 1882

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

J. J. Barker M. D.
Medical Attendant.

Address, 168 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2501 Harrod

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53760 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28? 1882 BALTIMORE

Date of Death, Mar 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A Kloss

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 81 *Years.* *Months.* *Days.*

Color, W

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} 56 E Green st

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Reading Penna.

Date of Burial, March 29 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

J Battttman M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 259 N Fremont [OVER.]

Board of Health, City of Baltimore,

Permit No. 55761 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1882 BALTIMORE

Date of Death, Mch. 27. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* Two *Months,* Twenty two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} *392 N. Eden st.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Tuesday 28th 1882

Undertaker, J. N. McCoy & Co

Place of Business, 77 W. Fayette St

Geo. H. Hartman M. D.,
Medical Attendant.

Address, *305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Dunn

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 52 *Years,* — *Months,* — *Days.*

Color, Wh

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Whitewasher

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ire

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 46 Stanhope ave

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.) Uremia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters R C Cemetery

Date of Burial, March 28 1882

Undertaker, Wm Abenger

Place of Business, No 62 East St

E B Britton *M.D.,*
Medical Attendant.

Address, Howard Fine Distillery

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53763 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 61 North St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Congestion of Liver

Duration of Last Sickness, 20 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, March 28 1882

Undertaker, William Denger

Place of Business, No 62 East St

J. Cummins M. D.,
Medical Attendant.

Address, 561 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53764 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 29 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 26. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Hicks

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Parish St. near Tennant.

Cause of death, First, (Primary,) Tuberculosis Liver & Brain

Second, (Immediate,) General Dropsy.

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, March 29 1882

Undertaker, William Aberg

Place of Business, No 62 E Ost St

Jno. D. King M. D.,
Medical Attendant.

Address, 215 Caroline Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 53765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jemima C. Hunsicker

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 2 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Springfield Mass

Duration of Residence in the City of Baltimore, 3 0 yrs

Place of Death, { Give street and number. } No 57 N. Green St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Mch 30/82

Undertaker, Edward Maine

Place of Business, 55 Pary

H. Jenkins — M.D.,
Medical Attendant.

Address, 2 E Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55766 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City 4 - 2

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Church St

Cause of death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mts

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 29th 2

Undertaker, Geo. V. Perkins & Co

Place of Business, 180 Henrietta St

H. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3.27.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ethel Trusty

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, Blk

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 3/4 months

Place of Death, {Give street and number} 211 Dover St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) 1 wk

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery

Date of Burial, March 29th 1882

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St

Richd M Eastman M. D.
Medical Attendant.

Address, 247 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53768 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Frisby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Color

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 170 Tyson

Cause of death, First, (Primary,) accidental burning of whole surface of body

Second, (Immediate,) ~~Burnt~~

Duration of Last Sickness, 42 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mch 29 82

Undertaker, Hy Hemsley

Place of Business 116 Eutaw

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55769 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Steigerwald

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Forty-two years

Place of Death, {Give street and number.} 136 Fairmount Ave.

Cause of death, First, (Primary,) Concussion of the Brain (thrown from a wagon)

Second, (Immediate,) Meningitis

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, 29th March 1882

Undertaker, Wm Holman

Place of Business, 62 N. Eden St, Balt.

G. Glanville Leak M. D.,
Medical Attendant.

Address, Balt & Wash St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Flynn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 117 Townsend Street

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) asthenia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, March 30th 1882

Undertaker, Wm. J. Services

Place of Business, 211 N. Eutaw St

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53771

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8½ *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor Cor. John and Valley Streets

Cause of Death, First, (Primary.) Cancer

Second, (Immediate.)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem. Wm Brooke Boyle *M.D.,*

Date of Burial, March 29th 1882 Medical Attendant.

Undertaker, A. Koehler

Place of Business, 244 E. Lombard St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55772 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fridk Kastenbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months.* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Glassblower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 46 yrs

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 217 Montgomery

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of Last Sickness, uncertain

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Mar. 30th 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

S. Theo Kuhn *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55773 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gurk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 404 Wash St

Cause of Death, First. (Primary.) ———

Second. (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 29th 1882

Undertaker, Francis Fockler

Place of Business, Sharpe Cross St

Jno S Billi M. D., Medical Attendant.

Address, 108 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33774 *Office of Registrar of Vital Statistics.* Ward 16 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Graham Boer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 Conway st

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Blood infection

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 30th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Horner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 196 S. Spring St

Cause of Death, First, (Primary.) Cancer of the Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 4 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Methodist

Date of Burial, March 29

Undertaker, W. Duffy

Place of Business, 15 Lloyd

C. C. Jones M. D.
Medical Attendant.

Address, 196 S. Spring St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53796 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosella Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 0 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Great Rock Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 5 E Edmondson Ave

Cause of Death, First, (Primary.) Natural Regurgitation of Heart.

Second, (Immediate.) Apnea

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetary

Date of Burial, March 29. 82

Undertaker, Charles S White

Place of Business, 35 Granby St

Geo H Taylor M. D.,
Medical Attendant.

Address, 222 N. Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53777 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Collins Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ~~ *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Rear of 68 N. Calvert St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sacred Comet

Date of Burial, March 29th 1882

Geo. H. Denson M. D., Medical Attendant.

Undertaker, Chas. A. White

Place of Business, Grundy St. *Address,* Comm. of Health Regulations

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53778 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella J Keuffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 815 N Stricker St

Cause of death, First, (Primary,)

Second, (Immediate,) Nervous Exhaustion & General debility

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 30th 1882

Undertaker Denny & Mitchell

Place of Business, 850 W Fayette St

W K Mercer M. D.,

Medical Attendant.

Address, Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53779 *Office of Registrar of Vital Statistics.* Ward 17 4/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th March 188

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Brannan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 Hubbert St. Balto,

Cause of death, First, (Primary,) Croup — (Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 24 Hours —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 30, 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E N Janney M. D.,
Medical Attendant.

Address, 200 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53780 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch. 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mordecai Holbrook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Contractor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co. Virg.

Duration of Residence in the City of Baltimore, 48 yrs.

Place of Death, {Give street and Number.} * 283 N. Caroline st.

Cause of Death, First, (Primary,) Fatty heart & Bright's Disease of Kidneys

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 5 or 6 months

All the above Information should be furnished by the Physician.

Place of Burial old Cathedral

Date of Burial, March 30/82

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway

Geo. A. Hartman M. D.,
Medical Attendant.

Address, * 305 N. Caroline st.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53781 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto and

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 25 Ryan st.

Cause of death, First, (Primary,) /

Second, (Immediate,) Spasm.

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 29. 1882

Undertaker, Matthew Corrigan

Place of Business, 220 Hillyard St

H. L. Bevis M. D.,
Medical Attendant.

Address, 38 N Canal st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55782 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 29th 1882

Undertaker, P. Mcallister

Place of Business, ~~—~~

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55783 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Lear

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} # 81 Hanover Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Rheumatism of Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Mar 29/82

Undertaker, F. A Kerchner

Place of Business, ~~~

Geo. W. Dawson M. D.,
~~Medical Attendant.~~

Address, Commissioner of Health
~~Registrar~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33784 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 99 Plum Alley

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Oedema

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30

Undertaker, H Ross

Place of Business, 95 Conway St

W E Boze M. D.,
Medical Attendant.

Address, 202 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balto.

Permit No. 33785 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Bell's Fertilizing Factory Fort Avenue

Cause of Death, First, (Primary.) Accidentally Caught in the Machinery

Second, (Immediate.) " " " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, March 30

Undertaker, H Ross

Place of Business, 95 Conway St

T. A. Bell M.D.,

~~Medical Attendant~~,

Coroner & Dis't

Address, 101 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 53786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Nicholas

~~Sex, Male or Female,~~ {cross out the word not required in this line.} Female

Age, Years, 18 Months, 10 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chapel St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 16 E. Cord St - City -

Cause of Death { First, (Primary,) Inflammation of Lungs
Second, (Immediate,)

Duration of last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th

{ Undertaker, Theo J Leach

{ Place of Business, 73 Jefferson St

I Jesse Martin M. D.
Medical Attendant.

Address, Custer & Hoffman

Cause of Death Admitted 24 hrs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55787 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 28th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty three Years, — Months, — Days.

Color, Colored

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number.} Vincent alley, north of Lexington st

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Phthysis Pulmonalis

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 29 1882

Undertaker, William Denny

Place of Business, No 62 East Lud

J. H. Jordan, M. D.,
Medical Attendant.

Address, 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella J Mincks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 54 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 306 W Lexington St

Cause of Death { First, (Primary,) Typhoid
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 31st 1882

F E Chatard Jr M. D.
Medical Attendant.

Undertaker, Deeny & Mitchell

Place of Business, 55 & 57 W Fayette Street *Address,* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 55789 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Goins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 10 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 125 Kaborg St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. M. C.

Date of Burial, March 30th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

A. G. Hammer M. D., Medical Attendant.

Address, 231 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53790 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace E. Harris

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 238 Chew St.

Cause of ~~death~~, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,) Convulsions, Exhaustion

Duration of Last Sickness, 4 days - 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 1st

Undertaker, James P. Byrne

Place of Business, 294 W Balto St

Geo. H. Rogers M. D.,
Medical Attendant.

Address, Colvert Tournament

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33791 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William O. A Hockenbery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26. *Years,* 7 *Months,* 2 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 262 S Howard st

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill Cem.

Date of Burial, Mar 31. 1882 Thos. Corbett M. D.,

Undertaker, P. J. Dill Medical Attendant.

Place of Business, 183 Columbia st *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53792 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Mahrer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Six Years, Eight Months, Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} Saratoga St & Mansellon ave

Cause of Death, First, (Primary,) "Tubercular Meningitis"

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial W Alphonsus Cemetery

Date of Burial, March 30th 1882 J. J. Smithson M. D.

Undertaker, P. Kummert Medical Attendant.

Place of Business, 317 Mulberry *Address,* 584 Hazelle Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53793 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

Date of Death, March 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Gruber

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 8 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 104 S. Bond St.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness. 8 hrs.

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial March 30 1882

Undertaker, H. Sanders & Son

Place of Business, 202 Caxton Av

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53794 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Natzek

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia. Germany.

Duration of Residence in the City of Baltimore, 2 Days.

Place of Death, {Give street and number.} Hea pier 9 Locust Point

Cause of death, First, (Primary.) Diarrhea

Second, (Immediate,) ——— do –

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 30. 1882

Undertaker, H. Saunders & Son

Place of Business, 25 & Caroline Ave.

H Mbrowski M. D.,
Phys. & Sr. Medical Attendant.

Address, L. L. Balto – – –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53795 *Office of Registrar of Vital Statistics.* Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

Date of Death, March 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Demetrius Rogier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 11 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X / /

Occupation, / / /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S. E. cor Eve & Exeter

Cause of death, First, (Primary,) Endo Carditis

Second, (Immediate,) Embolism

Duration of Last Sickness, Twenty Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st 1882

Undertaker, Peter Frey

Place of Business, 91 Exeter St

James E. Emmett M. D.,
Medical Attendant.

Address, 209 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55996 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} c/o J. Brewer's al.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} c/o J. Brewer's al.

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 30th 1882

Undertaker, John C. Jordan

Place of Business, No 63 Parker

H. J. Lucas M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th March 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lloyd Wunder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 265 N. Calvert St.

Cause of Death, First, (Primary,) abdominal Tumor

Second, (Immediate,) Dropsy

Duration of last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Easton Md.

Date of Burial, 31st March 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N Charles St. *Address,*

R. Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2594 Trunzer

Board of Health, City of Baltimore,

Permit No. 53798 *Office of Registrar of Vital Statistics.* Ward 6 9/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Markle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 147 N. central Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 31 1892

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo M Kyndt M. D.,
Medical Attendant.

Address, Calvert Building

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53799 *Office of Registrar of Vital Statistics.* Ward 5—9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dutton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 24 Short St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 30 "1882

Geo. H. Denson M. D., Medical Attendant.

Undertaker, W. M. Duncan

Place of Business, East St

Address, Comm'r of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 55800 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Ray Winston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 weeks.

Place of Death, {Give street and Number.} # 78 Central Market Space.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Comfort

Date of Burial, March 31st 1882

Undertaker, Wendie Tyler

Place of Business, S. Bond St. *Address,* Comm. of Health

Jno. W. Dorsey M. D.,
Attending Physician.
Address, Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

Board of Health, City of Baltimore,

Permit No. 53801

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Lee & Lu. F. Courteney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* ~ *Months,* 4 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 11 & 13 Broadway Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 & 13 Broadway

Cause of Death, First, (Primary.) Premature Birth. ✓

Second, (Immediate.)

Duration of Last Sickness, Immature & not reable

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 30th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

D W Cathell *M.D.,*

Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55802

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 27-92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Watkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, ~~Black~~ Light Brown Hair

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Oysterman~~ shucker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} 19 Union St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, ~~3 months~~ 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Laurel Cemetery

Date of Burial, March the 30

Undertaker, Haden Thomas & Co

Place of Business, 43 Woodberry *Address,* 246 Madison Ave

Herbert Harlan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53803 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cole,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months;* 6 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, {Give street and number.} 275 S. Ann St.

Cause of death, First, (Primary,) Croupous Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 30 1882

Undertaker, M a Daigw

Place of Business, 74 S. Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33804 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 29- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Malley~~ Wadly

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary,) Froe of Fibula & Tibia

Second, (Immediate,) - Exhaustion (Senility)

Duration of Last Sickness, 2 Wks.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 31 1882

Undertaker, M A Daiger

Place of Business, 745 Bway

E. Van Ness M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lancen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, worked in Oyster house

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } 1 Grindall Court

Cause of Death, First, (Primary.) Intermittent fever

Second, (Immediate.) " " Congestion

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, March 30 1882

Undertaker, J. A. Kerchner

Place of Business, ———

Dr. H. Bell *M.D.,*

Medical Attendant.

Coroner's Asst

Address, 101 E. Shamp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53806 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Gyselt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Two (2) *Days.*

Color, Colit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 330 N Eutaw

Cause of death, First, (Primary,) Erysipelas

Second, (Immediate,) .....

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, March 31, 1892

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

D. Worthington M. D.,
Medical Attendant.

Address, 1 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Fuller.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 75 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 68 Years.

Place of Death, {Give street and number.} 191 N. Caroline St.

Cause of Death, {First (Primary,) Hemiplegia.

{Second (Immediate,)

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 31st "82

{*Undertaker,* Wm. H. Pickman

{*Place of Business,* 234 N. Gay St

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55808 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Thornton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation, None

Birthplace. { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 246 N. Dunbarton

Cause of Death, First, (Primary,) Pneumonitis (acute)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Mar 30 1882

Undertaker, Chas A White

Place of Business, 39 Granby St

Geo F Joyce M. D.
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53809 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Bennett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days.*

Color, black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 11 Jordan alley

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31

Undertaker, H Ross

Place of Business, 76 Conway St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53810 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Mason Hughes

Sex, ~~Male or Female~~ Male, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days,*

Color, Mulatto

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 110 W. Biddle St.

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Bilateral Effusion

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31

Undertaker, H Ross

Place of Business, 95 Conway St

Chas. Jas. Bibbins M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53811 *Office of Registrar of Vital Statistics.* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* ~~~~ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 171 Raborg St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cem

Date of Burial. March 31st 92 Wm F. Dorsey M. D.,

Medical Attendant.

Undertaker, Saml W. Chase

Place of Business, S. Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53812 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and Number.} 22 Clinton av

Cause of Death, First, (Primary,) Fatty degeneration of heart

Second, (Immediate,)

Duration of Last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 31st 1882

Undertaker, Wm J Gray

Place of Business, 65 Fremont Ave

J E Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53813 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 19 Hill near Gay

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, April 2 1882

Date of Burial, St. Patrick Cemetery April 2 1882

Undertaker, H. F. Cowan

Place of Business, 53 S. Paca

Medical Attendant. *M. D.,*

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33814 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Mch. 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Heim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and Number.} # 147 E Harford ave.

Cause of Death, First, (Primary.) Valvular disease of heart

Second, (Immediate.) Syncope

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 31st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53815 — *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Humble

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* seven *Months,* ten *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, three years.

Place of Death, {Give street and number.} 20 South Bethel

Cause of death, First, (Primary,) Gastric irritation

Second, (Immediate,) Congestion of brain.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 31st 1882

Undertaker, John W. Locke

Place of Business,

Walter Way M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55816 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Louis & Geo Booker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 1/8 *Days,*

Color, Cd

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Marylands

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 175 Terra Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, H. P. Cemetery

Date of Burial, March 31st 1892

Undertaker, F. A. Kerchner

Place of Business, 505 Carroll Ave *Address,* Geo. W. Denton M. D., ~~Medical Attendant~~ Attending Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by — 10 — Entered

Board of Health, City of Baltimore,

Permit No. 53817 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos Stewart

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 2 *Years,* 3 *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 224 Henrietta St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spine Disease

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Lukes Cem

Date of Burial, Mar 31 - 1882

Undertaker, Geo W. Peakins & Co

Place of Business, ...

Geo. H. Doane M. D.,

Medical Attendant.

Address, Commissioner of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

Permit No. 53818 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Blair

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti. died.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 356 N Lombard St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 31st of March

Undertaker, P. Lummert

Place of Business, 317 Mulberry St. *Address,* 317 W. Lombard St.

A L Shein M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55819 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 63 Yrs

Place of Death, {Give street and number.} 6 Eutaw

Cause of death, First, (Primary,) Chronic Cystitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mirdon Cemetery

Date of Burial, April 2d 1882

Undertaker, John Lake

Place of Business, 161 E Balto St

D. Hall M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55820 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 30th/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 12 Hetzlers Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 1st/82

Undertaker, H-C Weidefeld

Place of Business, 90 Greenmt Ave

Silas N Hunter M. D.,
Medical Attendant.

Address 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5382 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hoeppel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower*, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 420 S. Paca St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) 9 days Hyperpyresia

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, March 31st 1882

Undertaker, John Mason

Place of Business, No 150 Cornhill

Wm Gentzel, M. D.,
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53824 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 18 Hanover Alley

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 1st 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo B Kyser M. D.,
Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 53823 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geigher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give street and Number.} 129 S. Duncan St.

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,) " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Jacobs Cemetery

Date of Burial, April 1882

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33824 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Wagner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Home - work

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} Cor. of Sough & S. Central Ave

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd

Undertaker, George Schilling

Place of Business, Ashland Square

[illegible] M. D.,
Medical Attendant

Address, 245 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53825 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 8 Months, ~~ Days,

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 135 N. Chapel St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3. days

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Ex Cem

Date of Burial, March 31st 1882

Undertaker, Thos J. Locke

Place of Business,

Geo. W. Benson M. D.,
Medical Attendant.

Address, Comm. of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53826

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Kernan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 2 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About Seventy one years

Place of Death, {Give street and number.} No 143 E. Cahoun

Cause of Death, First (Primary,) Old age Second (Immediate,)

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, April 1st 1882

Undertaker, Jos B Loots

Place of Business, No 707 W Baltimore Street

B. F. Stevenson M. D.

Medical Attendant.

Address 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar Ashbrook Zell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 2 *Days.* —

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, ~~Child~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 370 Holland st ✓

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Four days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Apr. 2. 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 582 W. Fayette St

W. R. McReed M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55828 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter H. Sfedden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 E Lemmon st

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet Cem.

Date of Burial, Apr. 2 1882

Undertaker, J. B. Cook

Place of Business, 707 Baltimore St.

James Bosley M. D.,
Medical Attendant.

Address, 819 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53829 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 31st March.

Undertaker, Patrick Hunt

Place of Business, Asylum

R. H. Goldsmith, M. D.,
"
Medical Attendant.

Address, Halethorp, and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53830 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

Date of Death, March 29/82 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, White -

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} St. Vincent's Infant asylum.

Cause of death, First, (Primary.) —

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, march 31st/82

Undertaker, Patrick Hunt

Place of Business, Asylum

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33831

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George T. Rowland

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 51 Mulberry St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 1st 1882

Undertaker, J. F. Byrne

Place of Business, 59 N. Liberty St

H. Tuttle M.D.,

Medical Attendant.

Address, 51 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53832

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Roberson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living

Place of Death, {Give street and number} 376, Bhop St

Cause of Death {First, (Primary,) Rheumatism

{Second, (Immediate,) Pericarditis with effusion

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2

Undertaker, B. Hurle

Place of Business, 82 West St.

B. T. Phillips M. D.
Medical Attendant.

Address, 327 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS

The Special Attent...

Board of Health, City of Baltimore,

Permit No. 53833 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If unknown, not named, give names of parents. } Mary Elizabeth Kaufman

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 81 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and Number. } 108 S. Sharp St.

Cause of Death, First, (Primary,) senile

Second, (Immediate,) debility

Duration of Last Sickness, 3 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Ignatius Cemetery

Date of Burial, April 3rd

Undertaker, B. Hark

Place of Business, No. 82 West St.

Wm. Smith M. D.,
Medical Attendant.

Address, 21 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53834 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie E Siddons

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 0 *Months,* 0 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. E. corner Eager & Durham Sts

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd

Undertaker, Geo Schilling

Place of Business,

J Ridgway Foutz M. D.,
Medical Attendant.

Address, 121 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53835 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schaal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 335 North St

Cause of death, First, (Primary,) Heart disease – Phthisis Pulm

Second, (Immediate,) Dropsy – Exhaustion –

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d 1882

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St

Geo Reynolds M. D.,
Medical ~~Attendant~~.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53836 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1894 BALTIMORE

CERTIFICATE OF DEATH. No. 5584

Date of Death, March 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Foos.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 nd *Years.* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dover, Del.

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, {Give street and number.} 61 Whatcoat St.

Cause of death, First, (Primary,) Cirrhosis of the Liver, Dropsy.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Exact duration unknown. the undersigned attended her for 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 1st

Undertaker, C. H. Blizzard

Place of Business, 198 Penna ave

H. Pickerts M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53837 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1 18[illegible] BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 31. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor (Captain)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 207 N Charles St

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, April 2nd

Theodore Cook M. D.,
Medical Attendant.

Undertaker Armstrong & Keen

Place of Business, Light & Montgomery *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...special attention ... Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 33838 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Lambert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 Jefferson St

Cause of death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 8d 1882

Undertaker, Bockelman & Carman

Place of Business, 38 Eutaw st

D D Gaff M. D.,
Medical Attendant.

Address, 132 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55839 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore, About 41 Years

Place of Death, {Give street and Number.} # 96 E. Bid Ble St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immedinte,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 2nd 1882

Undertaker, Benny & Mitchell

Place of Business, 65 S Broadway *Address,* 222 N. Broadway

Geo F Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55840 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Sweeney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 105 E. Pratt St

Cause of Death, First, (Primary,) mal nutrition

Second, (Immediate,) Atrophy

Duration of Last Sickness, all it's Life

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, April 1st 1884

Geo. W. Dunsm M. D.
Medical Attendant

Undertaker, Wendel Dispul

Place of Business, S. Bond St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 53841 *Office of Registrar of Vital Statistics.* Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Priebe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~1~~ *Years,* 1 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} ~~#~~ 52 Lancaster St

Cause of death, First, (Primary,) Croup (true)

Second, (Immediate,)

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Apr. 2nd 82.

Undertaker, G. Franck — *Medical Attendant.* John H. Rehberger M. D.,

Place of Business, Franck & Wolf Sts. *Address,* ~~#~~ 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53842

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Donnelly Jr.

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} #442 W. Gay st.

Cause of Death, First, (Primary.) Consumption of

Second, (Immediate.) Lungs

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Naw. Cathedral Cemetery

Date of Burial, April 3th

Undertaker, Kirk

Place of Business, 461 W. Gay st

John T. Cummings M.D.,
Medical Attendant.

Address, 1 N. Calvert Read

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53824/3 *Office of Registrar of Vital Statistics.* Ward 15 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30. 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ... //

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore //

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 53 Church St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2

Undertaker, H Ross

Place of Business, 95 Conway, E H

W S Booze M. D.,
Medical Attendant.

Address, 202 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 35844 *Office of Registrar of Vital Statistics.* Ward 16 q

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death. March 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Johnson.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } Widower

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } N. Carolina

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and Number. } 41 Burgundy th

Cause of Death, First, (Primary,) old age

Second, (Immediate.) Paralysis (Hemaplegia)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 2

Undertaker, H Ross

Place of Business, 75 Conway St

Jno D Blake M. D.,
Medical Attendant.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33845 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AND BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 1 Clay Street

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 2. 1892

Undertaker, W. Clarke & Sons

Place of Business, 64 E. Baltimore St *Address,*

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53846 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna Howard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* *Months,* Fifteen *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Nine years

Place of Death, { Give street and number. } 339 S. Eutaw St.

Cause of death, First, (Primary,) Hydrocephalus Acutus

Second, (Immediate,) Marasmus

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, April 29 1882

Undertaker, Henry Hooks & Co

Place of Business, 309 W. Fayette *Address,* 309 W. Fayette

D. Whelan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 33847

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Edward Pichot

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Mulatto.

Married, ~~*Single, Widow or Widower,*~~ {~~Cross out the word not~~ required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 42 East St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) one week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1. 1882

Undertaker, William H Dungee

Place of Business, 62 East St

Hector H. Goodman M.D.,
Medical Attendant.

Address, 645 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55848

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Precilla Smallwood

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Marys Co Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} No. 19 New St.

Cause of Death, First, (Primary,) Debility –

Second, (Immediate,) Paralysis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ground

Date of Burial, April 2 /82

F. B. Gardner M. D.
Medical Attendant.

Undertaker, John L. Jones

Place of Business, 63 Pratt

Address, 20 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] AND STATIONERS. [illegible]

Board of Health, City of Baltimore,

Permit No. 5584-9 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Wolfenny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 145 N Wolfe n-

Cause of death, First, (Primary,) Chronic Bronchitis-

Second, (Immediate,) Congestion Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d

Undertaker, Fry & Bro

Place of Business, 51 So Broadway Address, 238 N Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53857 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Palmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 393. W Pratt

Cause of death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Apl. 2. 1882

Undertaker, Geo. Leimbach

Place of Business, 389. West Pratt St.

Edwd F. Michelland M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53887 *Office of Registrar of Vital Statistics.* Ward 8 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 30, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Richard C. Geddeman,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* 12 *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, Fifty-eight years,

Place of Death, {Give street and Number.} 310 E. Lombard St. cor. Durham

Cause of Death, First, (Primary,) Cardiac insufficiency

Second, (Immediate,) Anasarca

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, April 1st 1882

Undertaker, 974 E. Broadway

Place of Business, W. A. Leigh *Address,* Balt. & Wash. Ave

C. G. Glanville Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 5 2 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 1 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wolf B. Lipper.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 58 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number} 51 E. Lombard St

Cause of Death First, (Primary,) Abscess Right Lung.

Second, (Immediate,)

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinia Cemetry

Date of Burial, April 2nd

Wm Riley M. D.
Medical Attendant.

Undertaker, Wm Eidlane

Place of Business, 101 Gough St *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...ive Special Attention...

Board of Health, City of Baltimore,

Permit No. 55853 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
APR 1 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Murdock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} On Steps No 5 Orchard St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) a Instrument

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, April 2d 1882

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St

Alexander Tinsley M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53857 *Office of Registrar of Vital Statistics.* Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Webster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 110 *Years,* ~~Months,~~ ~~Days,~~

Color, Col'd

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md - unknown

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} Rear of 68 N. Calvert St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 2nd 1882

Undertaker, C. A. Wurth

Place of Business, Granby St. *Address,* Corner of Pratt & Regester

Geo. W. Grant M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 33855

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Kruemanel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, ~~Child~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 664 S Chas St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 664 S Chas St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Cerebritis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 2 th

Undertaker, E Schumann

Place of Business, 200 S. Sharp St

Thos E Smith M.D.,
Medical Attendant.

Address, 247 S Hill ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 03856

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 1 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Nicholas Nelson~~ March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, abt 2 Years

Place of Death, {Give street and number.} 866 Caution Avenue

Cause of Death, First, (Primary.) 1 Injuries received from accidentally
Second, (Immediate.) 2 falling down hold of St Venezuela

Duration of Last Sickness, abt 3 hours

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelic Cem.

Date of Burial, April 2nd 1882

Undertaker, H. Sander & Son

Place of Business, 252 Caution Ave

Chas. Mohr M.D.,
Medical Attendant.

Corner E & 2

Address, 662 E Baltimore Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Circular.

Board of Health, City of Baltimore,

Permit No. 35857 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sinclair

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} —

Age, 79 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~ ~~*Single*~~, *Widow* ~~*or*~~ ~~*Widower*~~, {Cross out the word not required in this line.} —

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 7 Union Court

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1882

Undertaker, Saml. W. Chase

Place of Business, 195 S. Howard st.

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 55869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Elder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 20 E Baltimore Street

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3rd

Undertaker, George Schilling

Place of Business, Ashland Square

David E. Cowell M.D.,
Medical Attendant.

Address, No 29 Hisquith St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55859

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rupp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number.} No. 267 Mulberry st

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Abscess

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem.

Date of Burial, April 2d 1882

Undertaker, P. Kinnett

Place of Business, 317 Mulberry st. *Address,* 166 S. Pacca

D. L. Buddenbohm *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, Issued by the Board of Health on this Cer

Board of Health, City of Baltimore,

Permit No. 55860 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 2 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 65 *Years,* ..... *Months,* ..... *Days,*

Color, J .....

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Will Dryer .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia .....

Duration of Residence in the City of Baltimore, 3 Months .....

Place of Death, {Give street and Number.} 74 Stockholm St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, 7 Months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 2nd 1882

Undertaker, D. W. Chase

Place of Business, 198 Hanover St

Geo. H. Denson M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health, to secure a full and perfect record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 55861

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wise

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———✓

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 19 Brueck

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Paralysis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetery

Date of Burial, Apr 2 1882

Undertaker, William Dorgo

Place of Business, No 62 Gorsuch St.

J. C. Shipley *M.D.,*

Medical Attendant.

Address, 41 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 55862

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 248 Raborg St.

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 or 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Lewnel Cemetery

Date of Burial, Apl 2 1882

Undertaker, William Bunge

Place of Business, No 62 Eastern

J. Shutton Hill M.D.,
Medical Attendant.

Address, 432 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55863 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otis Price

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Ascites

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial Western Public Cemetery

Date of Burial, March 31/82

Undertaker, Fred A Kercheval

Place of Business, 50 Hanover

H West M. D.,
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 58864 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *incorrectly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
APR 2 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Anderson

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 4 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 9 Weeks

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mch 31/82

Undertaker, Fred A Kirchner

Place of Business, 50 S Carrollton

Medical Attendant.

J West M. D.,

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55865 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna E. Granger

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.} .....

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33. N. Spring St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Apr 2d 1882

Undertaker, Chas. A. White

Place of Business, 35 Granby st

J. J. Gibbs. *M. D.,*
Medical Attendant.

Address, 132 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55866 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 1st. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Daily.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60, — *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not known

Occupation, unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Senile decay.

Second, (Immediate,) Hypostatic Pneumonia

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, East Balto P. Cemetery

Date of Burial, April 2

Undertaker, Mr P Mullin

Place of Business, ... *Address,* .....

Wm Wade M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55867 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 92.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Huebner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 502 Lexington

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 3rd 1892

Undertaker, Jas E Leeds

Place of Business, No 707 W Balto Street

Louis C S Horn M. D.,
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

Permit No. 55868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Ferry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and number.} 43. S. Green

Cause of Death, First (Primary,) Cold contracted handling

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 3 1882

Undertaker, C F. Krause

Place of Business, 209 Hanover

F. A. McShane M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 55869 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terence Farmer

Sex, Male or Female; {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and Number.} 92 Sterling St.

Cause of Death, First, (Primary,) Cirrhosis of the liver

Second, (Immediate,) General Dropsy Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial Govanstown Balto

Date of Burial, April 3d 1882

Undertaker, J. Byrne

Place of Business, Calvert St

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53878 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Grotefendt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 995 W Pratt

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 4 1882

Undertaker, John P Poulus

Place of Business, 616 Fredrick Ave

James Bosley *M. D.,*
Medical Attendant.

Address, 813 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53871

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Keller

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor cor John and Valley Streets

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, Five months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetary

Date of Burial, April 3d 1882

Undertaker, Henry Schelhaus

Place of Business,

Wm Burke Doyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53872 *Office of Registrar of Vital Statistics.* Ward 19 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fitzgallis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md "

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 285 Mount St

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Congestion of brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, April 3 1882

Undertaker, Lap. B. Cook

Place of Business, 707 W. Balt

Wm Keating M. D.,
Medical Attendant.

Address, Striker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Special [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorthea Hofmeister

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* 8 *Months,* 2 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 S. Eden

Cause of Death { First, (Primary,) Cancer of liver
, Second, (Immediate,) exhaustion

Duration of last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, [illegible]

Undertaker, Michael Funk

Place of Business, [illegible] *Address,* 137 W Fayette St

[illegible] Gittowitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53874 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Healy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Three (3) *Months* Fifteen (15) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 280 E. Lombard

Cause of death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th

Undertaker, George Schilling

Place of Business, Ashland & Lyman

E. W. Palmer *M. D.,* Medical Attendant.

Address, 280 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53875 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Fraley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross ont the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 1 Pine

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1882

Undertaker, Saml J. Shaw

Place of Business, 198 S. Howard

H. F. Kiel *M. D.,*
Medical Attendant.

Address, 443 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 33876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph France Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 29 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 501 W. Lombard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 501 W. Lombard St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Pseudo-Membranous Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr 3 1882

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 W. Balto St *Address,* 187 W. Hollins St

F. Bruns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. [illegible] & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5587 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry G. Mosley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 52 S. Carrollton Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 1 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

John Neff M. D.,
Medical Attendant.

Address, 502 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53878 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Frost

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* one *Months,* seven *Days.*

Color,

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} # 10 Shuter st

Cause of death, First, (Primary,) Gastric irritation

Second, (Immediate,) Convulsions

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Point-Road Chapple

Date of Burial, April 3rd 1882.

Undertaker, Chas. F. Locke

Place of Business, 493 Gilmor st

Walter Way M. D.,
Medical Attendant.

Address, # 17 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba

Permit No. 53879

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Adeline Fopwell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 61 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 38 years

Place of Death, { Give street and number. } 68 North Ann St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, Smitten at 915 P.M.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3/82

Undertaker, Fly & Bro

Place of Business, 81 N Broadway

..... *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt.

Permit No. 53880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wallace

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 34 N. Spring

Cause of Death, First, (Primary.) Emphysema

Second, (Immediate.) Phthisis

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 3rd 1882

Undertaker, or W. McCluskey

Place of Business, ——

Wm H Norris M.D.,
Medical Attendant.

Address, 154 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63881 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Randau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} south Fremont 19

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 3 1882

Undertaker, P. Kummert

Place of Business, 317 Mulberry ~~Street~~

O. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Maria Koehler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hesse Darmstadt, Ger,

Duration of Residence in the City of Baltimore, 35. years.

Place of Death, {Give street and number.} 536 West Balto St.

Cause of Death, First (Primary,) Hemiplegia

Second (Immediate,) Old age.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J M. Carter M. D.

Date of Burial, April 3d 1882 Medical Attendant.

Undertaker, Adam Waidemeyer

Place of Business, 518 W. Baltimore Str. *Address* 385. West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53883 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George F Zeinck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.} Saratoga d 2 Remarkably

Occupation, Sexton German Lutheran Church Co

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 22 Knox st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial German Lutheran Druidhill

Date of Burial, April 4th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address.*

Alexander Tinsley M. D., Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ryan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* 10 *Months,* 17 *Days.*

Color, White *Sex,* male

~~*Married, Single, Widow, or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 34 years

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 178 East st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Bon East St.~~ Bone Brae

Date of Burial, 3d April

Undertaker, C & Weber

Place of Business, 26 Ensor *Address* strit.

Dr P Daffenbaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis D. Hutzler

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 66 *Years,* *Months,* *Days.*

Color, W.

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Book. Binder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 223 Aisquith St

Cause of Death First, (Primary,) Cerebral Softening

Second, (Immediate,)

Duration of last Sickness, 5 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gilmor and *Address,* 186 Aisquith St City

H. T. Reynolds M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Oswald.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Chapel St. near Hoffman.

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) Convulsions.

Duration of last Sickness, About 7 weeks –

All the above information should be furnished by the Physician.

Place of Burial, Bair Cemetery

Date of Burial, April 4th 1892

Undertaker, Ely & Bro.

Place of Business, 151 N. Broadway

John G. Blake M. D.
Medical Attendant.

Address, 342 N. Broadway –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53887 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 3 4 1892 BALTIMORE

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Mansfield Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* - 2 *Months,* — *Days,*

Color d

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 114 Raborg st

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasm

Duration of Last Sickness, life

All the above Information should be furnished by the Physician.

Place of Burial, Shaw's St Quiet

Date of Burial, April 3rd 1883

Wm. H. Benson M. D.,
Medical Attendant.

Undertaker, W. H. Duncan

Place of Business, [redacted] *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. H. Benson Physician
Thomas Duncan Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53888 *Office of Registrar of Vital Statistics.* Ward 1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bonday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1 Block East of Eutaw

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, April 3rd 82

Undertaker, G. France

Place of Business, Gorsuch & Wolfe *Address,* .....

..... , *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 58889 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harman Elkman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 1 Eutaw Place

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Apr. 4th 82

Undertaker, G. France

Place of Business, Bank & Wolfe *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph. Ruth. Infant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 4 *Days.*

Color, ____ *Sex,* Male.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore. Life.

Place of Death, {Give street and number.} Butler St.

Cause of Death, First (Primary,) Unknown

Second (Immediate.) Basilar Meningitis.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 3 1882

J. M. Carter. *M. D.*
Medical Attendant.

Undertaker, G. France

Place of Business, France & Wolfshe

Address N. W. Cor Broadway & Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No. 33891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wells Davidson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 511 Harford avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicaemia

Duration of Last Sickness, About eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 4. 1882

Augs. R. Edwell *M. D.*
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 284 W. Lay St. *Address* 509 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Card.

Board of Health, City of Baltimore,

Permit No. 53892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia M. Robinson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, About 55 Years

Place of Death, {Give street and number} 362 E Pratt St

Cause of Death {First, (Primary,) Old age Chiefly

{Second, (Immediate,) Chronic Asthma

Duration of last Sickness, About One Week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 3rd 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53893

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Evans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 years *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 303 E Baltimore st

Cause of Death, First, (Primary.) Mitral Insufficiency

Second, (Immediate.) Pulmonary Congestion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 4th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

C. O'Donovan M.D.,
Medical Attendant.

Address, 115 W Monument st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33894

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Cumbie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bucks Co Pa

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 528 Hanover St

Cause of Death, { First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Tuesday April 4th

Undertaker, Tommy Mitchell

Place of Business, Fayette St & Carrollton Ave

J. C. Simms M.D.,
Medical Attendant.

Address, 41 N. Caroll

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rules of Practice on Back.

Board of Health, City of Baltimore,

Permit No. 55895 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Starr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Fish Dealer

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Lancaster St near Aisquith 261

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th 1882

Undertaker, Berry & Mitchell

Place of Business, 68 S Broadway

Nicholas L Dashiell M. D., Medical Attendant.

Address, 217 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 3 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Poole

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~Housekeeper & Keeping House~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Huntington Co Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 5 Jackson St

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 4th 1882

Undertaker, N A Davis

Place of Business, 74 S. Bond

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2° '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Riddington

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs -

Place of Death, {Give street and number} Cathedral St. Extended

Cause of Death { First, (Primary,) Enteric Colitis
Second, (Immediate,) Asthenia.

Duration of last Sickness, 16 days -

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 4th 1882

Undertaker, Chas. J. Keirnan

Place of Business, No 271 N. Eutaw St

T. Baxton Brune M. D.
Medical Attendant.

Address, 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 33898

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 1982
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Unknown at least two months

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 30 *Years,* — *Months,* — *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Browns Wharf

Cause of Death, First, (Primary.) Accidentally Drowned & Supposed

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, April 3

Undertaker, Patrick Mullin

Place of Business,

Chas M. Norfolk M.D.,
Medical Attendant.

Coroner E. D.

Address, 67 Wells St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March April 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Boyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Lexington Alley

Cause of Death First, (Primary,) Membranous Croup.

Second, (Immediate,)

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, April 3

Undertaker, William Dugan

Place of Business, 6[illegible] Eastern Ave

Robt. Neal M. D.
Medical Attendant.

Address, 504 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53900 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Koenig

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number.} 172 West St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis.

Duration of Last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4th 1882

Undertaker, Philipp S. Dill

Place of Business 183 Columbia Av.

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53901 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Gunther

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Carpet weaver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 32 years

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} ~~West P~~ 6 W Ball —

Cause of death, First, (Primary,) Intemperance &

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, 3rd April

Undertaker, Mr Fry & Bro

Place of Business,

Edmund R Walker M. D.,
Medical Attendant.

Address, Corner Mt & 2d

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53902 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalen Lindner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 64 E. Pratt St.

Cause of death, First, (Primary,) Diphtheria & Dis. Throat.

Second, (Immediate,) Paralysis of Pneumogastric Probably induced by

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Apr. 4th 1882

Undertaker, C. T. Krause

Place of Business,

Edwd P. McDevitt M. D.,
Medical Attendant.

Address, 1624 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53903 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Medzedoff

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 1 ✓

Place of Death, {Give street and number.} 458 Fort ave

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 5th

Undertaker, H. Marks

Place of Business, 82 West Ft. *Address,* 810 Eutaw

R. M. Ellis *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33904 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathaus Kübzel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 year 6 months

Place of Death, {Give street and Number.} 410 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial St Alyosius Cemetery

Date of Burial, April 4

Undertaker, B. Tracy

Place of Business, 82 West St

Herbert Eck M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53905 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2 /82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Stevens

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, Colored Light Brown Skin

~~*Married*~~, *Single,* ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Servant Girl

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 11 Monroe Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April the 4th

Undertaker, Hazen Thomas & Co

Place of Business, 43 Hanover [illegible] *Address,* .....

J. T. Miller M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53906 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amalia Funk

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 2 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } child

Occupation, child

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 6 E. Monument

Cause of Death, First, (Primary.) Larngitis

Second, (Immediate.) & Convulsions

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bullers Court

Date of Burial, Apr 5, 1882

G A Dohme M.D.,
Medical Attendant.

Undertaker, Henry Hoerle

Place of Business, 309 Central Ave *Address,* 8 & 2 Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53907

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Tarrain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, ~~Red~~

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} No 1 Ivy al

Cause of Death, First, (Primary.) Apoplexy (Congestion)

Second, (Immediate.) Cerebral softening

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1882

Undertaker, Theodore J Locker

Place of Business, 73 Jefferson St

Jas. S. Lay *M.D.,*

Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55908 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH,

Date of Death, April 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 McCulloh St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. April 4th 1882 Geo. N. Dixon M. D.,

Medical Attendant.

Undertaker Mason, Thomas & Co

Place of Business, Address, Comm of Health

Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55909 *Office of Registrar of Vital Statistics.* Ward 13½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Conway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 27 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 56 Rock Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, April 5th 1882

Geo. H. Denson M. D., Medical Attendant.

Undertaker, W. Codegan

Place of Business, 227 Mulberry St *Address,* Commonwealth Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore,

Permit No. 33910 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice B. Keagle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} # 530 N. Gay st.

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,)

Duration of Last Sickness, 4 or 8 days

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, April 5 1882

Undertaker, John W Jackson

Place of Business, Cor Gay Gordon *Address,* # 301 N Caroline

C. Nartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53911

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT APR 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Hunter

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.} Female

Age, 7 in Years, ____ Months, ____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Columbia Av.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Lepsis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters R. Catholic

Date of Burial, April 4th 1882

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

Dr Lancey H Barclay M.D.,
Medical Attendant.
for Homeopathic Free Dispensary
Address, 54 N. Greene St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53912 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Perrechan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany - 17 years in the U S

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 13 Somerset St

Cause of death, First, (Primary,) Senile Dementia

Second, (Immediate,) Overdose of Laudanum taken by herself probably without suicidal intent

Duration of Last Sickness, 6 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery & Cor Eager & Caroline Street

Date of Burial, April 5th 1882

Undertaker, Adam Fink

Place of Business, 461 N Gay St

E W Flowers M D

Edmund R Walker M. D.,

Medical Attendant.

Address, Corner N & S D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53913 *Office of Registrar of Vital Statistics.* Ward 16 9/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J. Stenbing

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, / *Years,* 7 *Months,* / *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 33 Eldret St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial "Evangelic S. Paul's Cem.

Date of Burial, April 5 1882

W. S. Booze M. D.,
Medical Attendant.

Undertaker H. C. Sanders & Son

Place of Business, 252 Canton Ave

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Julius Linemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* 6 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 274 Canton Avenue

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 5th

Undertaker, Leonhard & Kurz

Place of Business, 223 S. Bond Street

Thomas R. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5599 15 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Dickerson

Sex, Male ~~or Female~~, {Cross ont the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 34 N Fulls Ave. Res 13 Hollis Lane

Cause of death, First, (Primary,) Heart disease probably

Second, (Immediate,)

Duration of Last Sickness, Until death

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Apr 5 1882

Undertaker, Williamon & Longe

Place of Business, No 62 East Stud

Edmund R Walker M. D.,

~~Medical Attendant.~~

Address, Coroner No PD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53916 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Seyson

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 35 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Point Lane

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Gardenville Balto Co.

Date of Burial, April 5th 1882

Undertaker, Beckelman & Barna

Place of Business, 38 Ensor St

A. T. Reynolds M. D.,
Medical Attendant.

Address, 18 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 55917

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1882 BALTIMORE

Date of Death, April 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. C. J. Bush.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Formerly Car Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 268 E Lombard St

Cause of Death, First, (Primary.) Asthenia following Pleurisy &c.

Second, (Immediate.)

Duration of Last Sickness, Gradually failing for several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 5th 1882

Undertaker, M A Taiff

Place of Business, 74 S. Broadway

D W Cattell M.D.,

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33918 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine L. Chaffer

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* 18 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 7 Calverton Road

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5

Undertaker, John P. Paulus

Place of Business, 66 Fredrick ave *Address,* 219 Hol...

James Porter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53919 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (22 yrs in America

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 5th

Undertaker, M. Plaster Son

Place of Business, 64 E Balto St

Chas Lotary M. D.,
Medical Attendant.

Address, 181 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 55920 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Allison

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White,

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Sixty two years,

Place of Death, {Give street and Number.} 65 S. Eden St.

Cause of Death, First, (Primary,) Catarrhal dysentery,

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, Ten days,

All the above Information should be furnished by the Physician.

Place of Burial Green Mt. Cemetery

Date of Burial, April 6th 1882

Undertaker, Denny & Pitchett

Place of Business, 65 S. Broadway

G. Glanville Lusk M. D., Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5392 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kalleen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Oyster.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number.} 48 Harford Ave

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, April 5 82

Undertaker, Jos McGinnis

Place of Business, Plowman & Flourd *Address,* 25½ Fremont Ave

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Brunzing

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* 4 *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Cabinet Maker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany, Clausthal, Hanover

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} No 222 S. Paca St.

Cause of Death First, (Primary,) Rheumatism chron.

Second, (Immediate,) Typhus.

Duration of last Sickness, three months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 6th April 1882

Undertaker, Henry Heyman

Place of Business, 63 & 65 W. Lee St.

Bob. Anthon senior M. D.
Medical Attendant.

Address, 121 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53923 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August H. Broecker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 20 *Months,* ——— *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 299 William St.

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 4 dys.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5 1882

Undertaker, John Herring

Place of Business, 382 Orleans St

Louis C. Boehm M. D.,
Medical Attendant.

Address, Mulberry & Wyallis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53924

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Miller

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 5 L. Montgomery St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 5 L. Montgomery St

Cause of Death, { First, (Primary.) Infantile Dysentery
Second, (Immediate)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th

Undertaker, Henry Brice

Place of Business, Hanover St 81.

Geo. N. Bowen M.D.,
Medical Attendant.

Address, 144 Hanover St City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55925 *Office of Registrar of Vital Statistics.* Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie K. Decker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* One *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 74 N. Bond St.

Cause of death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6th

Undertaker, George Schilling

Place of Business,

Wm H. Lundinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 55926

Board of Health, City of Baltimore,

Permit No. 53926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kerwin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 6 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 111 Hollins St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrh of Chest

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 5th 1882

Undertaker, Jos B Leech

Place of Business, No 707 N Baltimore Street

Edward P Ward M. D.
Medical Attendant.

Address, 248 N Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. CHRISTADY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 5392 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Purnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 4 Rin alley

Cause of death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th

Undertaker, Mason Thomas Co

Place of Business, 43 Madeira

Chas E. Hugo M. D.,
Medical Attendant.

Address, 224 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55928 *Office of Registrar of Vital Statistics.* Ward 19 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas a Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 776 W Balto St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loden Park Cem.

Date of Burial, Apr. 6' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* Cor Fayette & Paca

Old Lutheran M. D.,
for B
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53929 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April March 4, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacab Luescher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 10 N. Frederick St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption,

Duration of Last Sickness, 3 mos

All the above Information should be furnished by the Physician.

Place of Burial, London Park National Cemetery

Date of Burial, Friday Apr. 7/82

Undertaker's Ram & Bartell

Place of Business, 62½ W. Balt. St.

J. W. Houck M. D.,
Medical Attendant.

Address, 75 E Balto St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 53930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Augustus Marshall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 14 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Tubercular Meningitis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount ~~Cemetery~~

Date of Burial, April 5th

Undertaker, C M Chase

Place of Business, 130 S Howard

Thos J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55931 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April March 4 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barklie Trude

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 7. *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 14 N Avenue near John

Cause of death, First, (Primary,) Hypertrophy of Heart (61

Second, (Immediate,) Exhaustion

Duration of Last Sickness, In bed 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 5th 1882

Undertaker, Wm Wenner

Place of Business, No 202 N Gustavus st

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33932 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Farney Stoeckal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 8, Towson at E Point.

Cause of death, First, (Primary,) Incontinuance of urine.

Second, (Immediate,) .....

Duration of Last Sickness, 6 days Laudon Heaner this ward

All the above information should be furnished by the Physician.

Place of Burial St Michaels Cem

Date of Burial, April 6. 1882

Undertaker H. Sander & Son

Place of Business, 202 Eastern Ave

E W Dorsey — M. D.,
Medical Attendant.

Address, 260 E Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55933

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm G. Scott

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Lawyer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 6 days

Place of Death, { Give street and number. } Guy's Hotel

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bel air. Md.

Date of Burial, April 7th 1882

H. Dunlap M.D.,
Medical Attendant.

Undertaker, Hoffman & Son

Place of Business, 95 W Chase St *Address,* 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33934 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roseanna Fry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 10 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Stockholm St.

Caus of death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 3 days

All the above information should be furnished by the Informant.

Place of Burial, [redacted] Pipe Road

Date of Burial, April 7th

Undertaker, F. N. Gould

Place of Business, 131 Hanover St *Address,* 15 2 Sharp St

R. J. McTall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, ~~or single~~) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53935 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5 - 188

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Simon Lad,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 9½ *Months,* ..... *Days,*

Color, Whit

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Nursery and Child's Hospital

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Hebrew Cath Plot

Date of Burial. April 6th

Undertaker. C. H. Heggard

Place of Business. 196 Pennsylvania Ave

C. F. Bryan M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53936 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest W. Hostetter,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower,~~

Occupation, ~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 167 E. Castle St.

Cause of Death, First, (Primary,) Measles,

Second, (Immediate,) Meningitis,

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cemetry

Date of Burial, 6th April

Undertaker, Wm. Nicolaus

Place of Business, 258 Aliceanna Address, 214 E. Broadway

A. F. Eich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53937 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hoisins Etzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 124 E Biddle St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Ct

Date of Burial, April 7 1882

Undertaker, Wm Hacks Sons

Place of Business, 306 N Gilmor St

D. E. Blaser M. D.,
Medical Attendant.

Address, 1 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,*. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53938 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Bruce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower.~~ {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 13 Penna Ave

Cause of Death, First, (Primary,) Ulceration of Intestines

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, April 7

Undertaker, Walter Emmert

Place of Business, 315 W. Baltimore

C. H. Miller, M. D., Medical Attendant.

Address, 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53939 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, In 86th *Years,* *Months,* *Days.*

Color ~~Col~~

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter or Janitor at B.&O. R.R. Station

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City (?)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2 Linden Ave

Cause of death, First, (Primary,) Senility

Second, (Immediate,) Feeble heart and Pulmonary Edema

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 6th

Undertaker, W. J. Gray

Place of Business, 45 Mulberry St., *Address,* 642 W Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55940 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bonneman

Sex, Male. ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Hanover st

Cause of death, First, (Primary,) Convulsions

Second, (Inmediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Apr. 6th 1882

Undertaker, C. F. Krause.

Place of Business,

J. H. W. Webster M. D.,
Medical Attendant.

Address, 57 Bauer st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55941

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Grandison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color Col

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Charles Co Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 43 Douglas St

Cause of Death, First, (Primary.) Cystitis

Second, (Immediate.) Nephritis

Duration of Last Sickness, 5 days probably some time previous to my being called

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6. 1882

Undertaker, William H. Dungee

Place of Business, 62 East St

E. L. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55942

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John~~ John Tolbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four *Years,* Five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 304. E. Hamilton St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exaustion

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 7th 1882

Undertaker, Peter Frey

Place of Business, 91 Eden St

Geo M Bartlett M.D.,
Medical Attendant.

Address, Fairmount Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33943 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 32 N Bond St.

Cause of Death, First, (Primary.) Congestive Scarlatina

Second, (Immediate.)

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 6th 1882

Undertaker, M A Daiger

Place of Business, 74 W. Broadway

James E Duval M. D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53904 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR. 6 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Rosenwerz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia Germany 27 yrs

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} 43 Harrison St

Cause of death, First, (Primary,) old age & accidental fall

Second, (Immediate,)

Duration of Last Sickness, sudden 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, April 7th 1882

Undertaker, Wm Eiland

Place of Business, 101 Gough St

Edward Rivell M. D.,
Medical Attendant.

Address, Corner Pr & Pa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53945 *Office of Registrar of Vital Statistics.* Ward 9 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR. 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jacobi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 ? *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sexton

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — many years in U S

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} Savings Bank of Balt. Ker 28 S Bond

Cause of death, First, (Primary,) Natural causes

Second, (Immediate,) Heart Disease Instantly,

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, April 7

Undertaker, W. Elias

Place of Business 10 Gough St

Edmund R Walker M. D.,
~~Medical Attendant.~~

Address, Comm Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR. 6 1893 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hall

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, about 65 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbott Co. Md.

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give street and number.} 22 Stocton Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 6 1893

{ *Undertaker,* C. H. Chase
{ *Place of Business,* Howard or

H. H. Weber *M.D.,*
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53947 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 5 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and Number.} No 64 Duncan Street

Cause of Death, First, (Primary,)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 7 1892

Undertaker, S H Chase

Place of Business, 18 Hanover

Chas. G. Tuttle M. D.,
Medical Attendant.

Address, 206 N. Brighton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53948 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 1 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Known

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 25 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, Not Known

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary.) Burns of Body & Arm

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 20 hours

All the above information should be furnished by the Physician.

Place of Burial Western Public Cemetery

Date of Burial, April 6/82

Undertaker, Fredk A. Forchner

Place of Business, 50 S Carroll Ave

WEST M. D.,

Medical Attendant,

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53949 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Baines

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. } Not known

Occupation, Joiner

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 205 Penna Ave

Cause of Death, { First, (Primary,) (Injust. Verdict) Apoplexy
Second, (Immediate.) 2 days-

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, April 6th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Alexander Finley M. D.,
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33950

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR. 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 195 Aisquith

Cause of Death. First, (Primary.) Pneumonia

Second, (Immediate.) Neglect called, made only one visit

Duration of Last Sickness, 2 weeks / He was dying when I was

All the above information should be furnished by the Physician.

Place of Burial, East Balto P Cemetery

Date of Burial, April 6

Undertaker, Mr P Mullin

Place of Business,

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33951 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5-96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred W. Schuetzen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 173 Pine St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.,

Date of Burial, Apr. 6 1896

Undertaker, J B Cook

Place of Business, 707 W Balto St.

47 Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55952 — *Office of Registrar of Vital Statistics.* Ward 2 — 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heinz

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2a *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Baby work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 298 Hanover Street

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Trinity Cemetery

Date of Burial, April 9th 1882

Undertaker, J. C. Schuly

Place of Business, 260 Hanover *Address,* 245 E. Baltimore

D. Hartsell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Parrott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and number.} 37 Hanover St

Cause of Death, First (Primary,) ~~Con~~ Confinement

Second (Immediate,) Puerperal Fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. E. Atkinson *M. D.*

Date of Burial, April 7th 1882 Medical Attendant.

Undertaker, Wm. H. Cline *Address* 223 Madison Ave

Place of Business, 198 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...Physician... See Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53954 *Office of Registrar of Vital Statistics.* Ward 3?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

Date of Death, June 5?

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dautrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mayfeld Hessen Darmstadt Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} S. W. Cor. Penn & Lafayette St.

Cause of Death, First, (Primary,) Pernicious Fever

Second, (Immediate,)

Duration of Last Sickness, Since Monday April 3rd. 1882

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, April 7. 1882

Undertaker H. Sauter & Son

Place of Business, 202 Canton Ave

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Send Dr Taylor to inquire Address

...Special Inspection of Physicians is respectfully ... to the Items Below, and ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53955 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Engel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 165 North St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial Apr 8th 1882

Undertaker, C.F. Krause

Place of Business,

S. C. Buck M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5 5 9 5 6 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

Date of Death, Apr 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jamison

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years.* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow or Widower~~? {Cross out the word not required in this line.} widow

Occupation, Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} all life

Duration of Residence in the City of Baltimore, Res Walson St City Hospital

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Accident

Second, (Immediate,) Fracture at base of brain

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, April 8 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edmund R Walker M. D.,
~~Medical Attendant~~

Address, Coroners M C D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 April 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 25 Albemarle St.

Cause of Death { First, (Primary,) Delirium Tremens
, Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 7 April 1892

Jno. P. Bates M. D.
Medical Attendant.

Undertaker, Jas. P. Byrne

Place of Business, 63 No. Frank[illegible] *Address,* 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letha E Warfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* Five *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 10 Baker St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Baker St

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Cerebral Meningitis

Duration of Last Sickness, Had been sick ever since birth

All the above information should be furnished by the Physician.

Place of Burial, Hamden Balto Co

Date of Burial, April 7th 1882

Undertaker, Wm C Shenaud

Place of Business, 336 [illegible]

A C Cole *M. D.*
Medical Attendant.

Address No 1 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dekker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 1 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 213 Dolphin St

Cause of Death, First, (Primary,) Malformation

Second, (Immediate,) of the Heart

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7 1882

E W Lilau M. D.
Medical Attendant.

Undertaker, Thos C Shuttuck

Place of Business, 336 Paca

Address, 85 E Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33960 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Cousden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years;* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 17 Gwins Court

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Millers Dorchester County

Date of Burial, April 8th

Undertaker, J Hall

Place of Business, No 82 West St

R A P Ellis M. D.,
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2598 Transcr [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33961 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Lauck (Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 161 Bal Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill Cem.

Date of Burial, April 7

Undertaker, B. Hank

Place of Business, 82 West 14

H Thorne Cox M. D.,
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55962 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Annie McNamara

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~sixty-nine~~ *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore forty years.

Place of Death, { Give street and Number. } #643 Light Street

Cause of Death, First, (Primary,) Carcinoma of Breast.

Second, (Immediate,) Apnoea.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 7. 82

Undertaker, J. F. Byrne

Place of Business, New Cathedral *Address,*

Robt. J. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 39963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 5 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A Dunn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number} 156 Calvert St

Cause of Death, First, (Primary,) Paralysis. (Labio Pharyngeal)

Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, April 7. 82

Undertaker, J. F Byrne

Place of Business, 59 N. Liberty St

F. E. Chataud M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office whence issued Saturday [illegible]

No. 59964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Montgomery

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 47 *Years,* 0 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 94 Lemon St

Cause of Death, First (Primary,) Cardiac disease

Second (Immediate,) Femural Anasarca

Duration of Last Sickness, 3-4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr. 8. 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

W. F. Kemp M.D.

Medical Attendant.

Address. 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 59965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 April 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Bell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* 15 *Days.*

Color, Color.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} 129 E. Bethel st.

Cause of Death, First, (Primary.) Croup.

Second, (Immediate,) Carbonic acid Poisoning of Blood

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. Church

Date of Burial, April 8/82

B. F. Howard M. D.
Medical Attendant.

Undertaker, Wm. J. Locke

Place of Business, 473 Jefferson

Address, 24 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53966 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 92.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Jones.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days,* 7

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 65 Park ave.

Cause of Death, First, (Primary,) Fatty degeneration of Kidney.

Second, (Immediate,) Uraemia

Duration of Last Sickness, 3 months & 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, apl. 7th 1892

Undertaker, Myers & Bishop Jr.

Place of Business, 9) Mills Building.

Gustav Baber M. D.,

Medical Attendant.

Address, 49 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 55967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Clapsattle

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 51 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City Md

Duration of Residence in the City of Baltimore, Life residence

Place of Death, { Give street and number } No. 110 N. Pine

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 9th 1882

Undertaker, Andrews & Hodges

Place of Business, 164 & 6 Druid Hill Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Phy... is Respe... invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Davis Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk at Post Office

Place, {State or country (and how long in the United States, if of foreign birth.)} Balto Md.

Usual Place of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 411 Franklin St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)}

Duration of Last Sickness, 7 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 8th 1881

Undertaker, H. J. Weaver

Place of Business, N. Gay St

A. M. Wilson M. D.
Medical Attendant.

Address 257 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33969 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Dunning Fleetwarty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 2365 N. Bond st.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 42 or 43 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

Undertaker, Geo. Schilling

Place of Business,

Geo. A. Vastnaw M. D.,
Medical Attendant.

Address, 2305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

53970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

53970

Permit No. 53970 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary W. M Alland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 204 E Eager St.

Cause of death, First, (Primary,) Nasal & Pharyngeal Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 9th

Undertaker, Geo Schilling

Place of Business,

Wilmer Stanton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33971 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday, April 8th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Allard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 204 E. Eager St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 9th

Undertaker. Geo Schilling

Place of Business,

Wilmer Brinton M. D.,
Medical Attendant.

Address, 257 Grummet ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...er of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55972 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johili

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 21 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 5 Wilmer alley

Cause of death, First, (Primary,) ……

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1882

Undertaker, Jas. T. Ware

Place of Business, 125 S. Howard St

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53973 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5-82 1882 Isabel Smith

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Rail Road

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Harrington~~ Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5-W Fremont Ave

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th 1882

Undertaker, Sam'l M. Chase

Place of Business, 192 S. Street, *Address,* 443 Franklin St.

A. F. Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5397[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53974 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Coyne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 106. Ridgeley

Caus of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, April 8th 1882

Undertaker, Thos Sherwald

Place of Business, 35 S. Eutaw St

Edwd F. Michaelson M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office wh... of each week. No. 55975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCarey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland. 35 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 418 Fremont Ave

Cause of Death { First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) (Mitral)

Duration of last Sickness, 6 Years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 8th 1892

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm. P. Riley M.D. ~~M. D.~~

Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 55976

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm A. Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Ten Months, Days.

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 136 Tyson St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, April 8. 82

Undertaker, Jas. Hemsley

Place of Business, 41 Orchard *Address* 41 Orchard St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

53977

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnston

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 5-6 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and number.} 340 N. Gilmor St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, King Geo Co Va

Date of Burial, April 8th 1882

J. Gilman M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 53978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodorick Pillsbury

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Encysted Calculus
Second, (Immediate,) General Debility

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Virginia by way of Steamer

Date of Burial, Apl 7

Undertaker, C H Blizzard

Place of Business, 201 & 198 Pa ave

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special

...ths of all Permits 53979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah S. Schroeder

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United Stated, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # Saratoga St. Corner Lewis St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Ch. Bronchitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Monday April 10 '82

Undertaker, Conrad Lynch

Place of Business, 1616 Pratt ave.

H. Ulrich M.D.,
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Phys... ...to the Remarks Below. ... to ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53980 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdulena Keller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 284 S Dallas St

Cause of death, First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, April 8, 1882

Undertaker, John Brown

Place of Business, 224 S. Eutaw St

John H. Rehberger M. D.,
Medical Attendant.

Address, # 743 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ...cians is respectfully invited to the Rules [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5 3981 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 - 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie August Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 360 N. Broadway

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Paralysis of Heart.

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetary

Date of Burial, 9th April

Undertaker, Ed Weber

Place of Business, 26 Ensor st

Geo. F. Jaggar M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

... Officers will make returns of all Permits ... each week. 53982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53984.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 9 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Stansbury

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Sixty years *Years,* five months *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Manchester Carroll Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 278 W. Biddle St

Cause of Death { First, (Primary,) Bright's Disease
Second, (Immediate,) do do

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Manchester, Md

Date of Burial, April 8th 1882

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave

James Bacon M. D.
Medical Attendant.

Address, Cor Arlington ave & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2899 Truscott

[OVER.]

...Undertakers in City of Baltimore will make returns of all Permits ... 33983
... Burials to the Office when ... each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33983 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *fully and accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Brady,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ... *Months,* ... *Days.*

Color,

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Saibmaker,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 452 E. Eager st.

Cause of Death, First, (Primary.) Insufficiency of mitral valve,

Second, (Immediate.) Anasarca

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Burying Ground

Date of Burial, April 9 1882

Undertaker, John W Jackson

Place of Business, Cor Gay & Lee sts

G. Hamill Funk M. D.,
Medical Attendant.

Address, Balt. & Frank. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...more will make returns of all Permits 55984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55984 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Fenwick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, ed

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's County

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 42 Moores alley

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th 1882

Undertaker, John C Snyder

Place of Business, No 63 Park ave

W W Browne M. D.,
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

e returns of all Permits 33983
week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33985

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1382 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C Rhudam

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} No 9 Union St

Cause of Death, First, (Primary.) Pneumonia (Double)

Second, (Immediate.)

Duration of Last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9

Undertaker, Andrew Rohde

Place of Business, No 63 Park Ave

W W Ashton M.D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries.

- Burns of all Permits 53986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th, 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 68 St Mary's St

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.) Debility

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 9th 1882

Undertaker, C. L. Foreman

Place of Business, 63 Park Ave. *Address,* [illegible]

Wm S Love M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53987 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 Bank St

Cause of Death, First, (Primary,) Scarlatina (Malignant)

Second, (Immediate.)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, 8th April

Undertaker, M. Clarke Son

Place of Business, 64 E Balt- *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 53988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53988 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH REPORTING APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Margaret Lauf

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } Mr Elderry Bond Sts

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Excess of secretion in the air passages

Duration of Last Sickness, About two days

All the above Information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, April 9 1882

Undertaker, John Hennig

Place of Business, 382 Orleans St

Milton N. Taylor M. D.,
Medical Attendant.

Address, McElderry & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53989 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Connecticut Mathew Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 14 Days,

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 Richmond St

Cause of Death, First, (Primary,)

Second, (Immediate,) convulsions

Duration of Last Sickness, all is life

All the above information should be furnished by the Physician.

Place of Burial. Sharp St Cemet

Date of Burial. April 9th 1884

Undertaker. John C. Fardal

Place of Business,

Geo. H. Benson M. D.,
Medical Attendant

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials during Office hours to the Remarks below, each week. 33990 Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33990 *Office of Registrar of Vital Statistics.* Ward 20?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Rupert.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of death, First, (Primary,) Thrush — Never well —

Second, (Immediate,) Convulsions —

Duration of Last Sickness, 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Bruns Rae

Date of Burial, 8th April 1882.

Undertaker, Patrick Hunt

Place of Business, Asylum.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, Saturday of each week. No. 55991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55991 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Tashman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dark Knav

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Two Months in Hospital,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

Undertaker, Geo Schilling

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 132 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials respectfully invited to the fact that Saturday of each week is the Last day of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55992 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April. 6. 82

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Agusta Jane Murry

Sex, ~~Male~~ or Female, (Cross out the word not required in this line.)

Age, 4 Years, 11 Months, Days.

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, (Cross out the word not required in this line.)

~~Occupation~~,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Anne Arundel

Duration of Residence in the City of Baltimore, 1 Yr. 6 months

Place of Death, (Give street and Number.) 219. Vine St.

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Starvation

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial Walter Berry Ave

Date of Burial, Apl 8 1882

Undertaker, Wilbur Burgess

Place of Business No 62 E Mt St

L. R. Wilson M. D.,
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2600 Transit [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued on Saturday of each week. 55993

The Special Attention of Physicians is respectfully Invited to the Remarks on the Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 55993 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruley Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* / *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 4 C years

Place of Death, {Give street and number.} 203 Scott St

Cause of death, First, (Primary,)

Second, (Immediate,) Effusion of Base of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 10th

Undertaker, Wm J Tilton

Place of Business, 65 S. Eutaw *Address,* 76 S Paca St

G H Emmey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The City of Baltimore will make returns of all Permits 53994

The Special Attention of Physicians is Respectfully Invited to The Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53994

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David F Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 20 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } No 8 Gilbert st

Cause of Death, First, (Primary.) Cold

Second, (Immediate.) Phthisis pulmonalis or Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, April 9 — 1882

Undertaker, P. McMadden

Place of Business, 46 East St

..... M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

No. 55995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Orman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress & Public School

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} 24 S Dallas St

Cause of Death { First, (Primary,) Inanition
, { Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10/82

Undertaker, Fry Bro

Place of Business, 87 W Broadway *Address,* 198 Broadway

E Hay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Baltimore will make returns of all Permits for Burials, to the Office when issued, Saturday of each week. 55996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53996

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reardon

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 24 *Years,* 10. *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 179 Montgomery St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemmorhage 4

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 9th 1882

Undertaker, Joseph B Cook

Place of Business, 107 West Baltimore *Address,* 161 So Sharp St

S. A. Bell M.D.,
Medical Attendant.
Coroner So Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

will make returns of all Permits 53997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53997

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ralph Colvin Gambrill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 528 Mulberry St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sunday Apr 9th 1882

Undertaker, T. S. Gambrill

Place of Business, ____

J. C. Skinner M.D.,
Medical Attendant.

Address, 411 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18 [illegible] returns of all Permits

No. 55998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 55998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 82 8 Oclock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Rebecca Bangs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Franklin Co: Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 753 West Baltimore St

Cause of Death { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, April 10th 1882

P. S. Fuller M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St *Address,* 507 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGLER & CO. CITY PRINTERS AND STATIONERS.

turns of all Permits 53999

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53999

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Hafner

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 14 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Sequete Panama 4 Weeks

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 34 Gough Street

Cause of Death, First, (Primary.) Suicide by Hanging

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 9th 1882

Undertaker, Thos. S. Hughes

Place of Business, 102 Gallow St *Address,* 92 Balto St

Ruth Marshall *M.D.,*
Coroner
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ies in City of ... Permits 56000

The Special Attention of Physicians is ... to the Remarks ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56000 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7

Full Name of Deceased; {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Davis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy 5 ys

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 West Pratt

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Phthisis.

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, April 8 1882.

Undertaker, Fred Lair

Place of Business, No 113 West Pratt *Address,* 313 Light

Dr. P. Ellis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... ed date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... earnestly invited to the Remarks Below. ... to Date of Decease.

Board of Health, City of Baltimore,

Permit No. 56001 *Office of Registrar of Vital Statistics.* Ward 20?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margt Katie Gerla

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Biddle alley

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) Dyspnea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 10 1882

Undertaker, Walter Immel

Place of Business, 315 W Biddle St

C Winslow M. D.,
Medical Attendant.

Address, 23 N Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits 5602

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5602 *Office of Registrar of Vital Statistics.* Ward 9th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Jackson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days,*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Chester's alley

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial. April 9th 1882

Undertaker, Saml W. Chase

Place of Business,

M. D.,

Medical Attendant.

Address, Comm'r of Health

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Keepers of Cemeteries in City of Baltimore will make returns of all Permits 56003

The Special Attention of ...tor Burials to the Office w... ...e Remarks Below ...la... ...each week ...ases on Lack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56003 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Stanley

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Eaba St. E. Point

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial St. Patricks, Cem.

Date of Burial, April 9. 1882

Undertaker, M. A. Dwyer

Place of Business, 714 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued Saturday of each week.

Take Special Attention of ... to Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 560014 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8= 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Clark

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Laborer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Canada

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and Number. } 2 Schultz ct

Cause of Death, First, (Primary,) cold

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 mts

All the above Information should be furnished by the Physician.

Place of Burial, Stans = el Cem.

Date of Burial, April 8= 1882

Undertaker, Jno Smacher

Place of Business, 150 Canden St

Jno. H. Dinsmore M. D.

Medical Attendant

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and state of death; except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits 36005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56005 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1892

Date of Death, April 8 92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Wetherstein

Sex: Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No 62 Lothrop St Random

Cause of death, First, (Primary.) ____

Second, (Immediate.) ____

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 9th

Undertaker, B. Hale

Place of Business, No. 32 West Lex Address, 15 Hanover St

L. C. Bush M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...teries in City of Ba... ...re will make ...arns of all Permits ...ch week

No. 56006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56006 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

Date of Death, ~~April~~ April 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Naukel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 245 Battery ave

Cause of death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Ignatius cemetery

Date of Burial, April 9th

Undertaker, [illegible]

Place of Business, No. 22 West st

H. M. Bane M. D.,
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18[illegible] Keepers of Cemeteries in City of Baltimore will make returns of all Permits 5600

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56007

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Light

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 72 Portland St

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 9

W. R. McKnew M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Keepers of Cemeteries in City of Baltimore will make returns of all Per
for Burials to the O

No. 56008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brenan Wolen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 50 Ostend St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, April 9th 1882

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave

Jno Dixon M. D.
Medical Attendant.

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

CO. CITY PRINTERS AND STATIONERS.

16

Keepers of [illegible]s in City of Baltimore will make return[illegible] No. 360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56009

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard A. Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City —

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 95 Conway St "

Cause of Death, First, (Primary.) Hooping Cough —

Second, (Immediate.) Strangled —

Duration of Last Sickness, about 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9

Undertaker, Hercules Ross

Place of Business, 95 Conway St

[illegible] Bell M.D.,

~~Medical Attendant~~ Coroner 2d Dist.

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City

No. 56010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

56010

Permit No. 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael M Peal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 15 Hoen Al

Cause of Death First, (Primary.) Consumption of Lungs

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nearly 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1882

Undertaker, Geo J Locke

Place of Business, 213 Jefferson St

Jno F Sumwalt M. D.
Medical Attendant.

Address, 211 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for [illegible] to the Office [illegible] each week.

No. 56011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 8 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Yakel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 179 Exeter

Cause of Death { First, (Primary,) Pneumonia. Second, (Immediate,) Asthma.

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bt

Date of Burial, April 11th 1882

Undertaker, Henry Kurtz

Place of Business, 309 Central Ave

F. E. Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] AND STATIONERS. [OVER]

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Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, Saturday of each week.

3 60

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1882 BALTIMORE

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wenceslaus Hildt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 20 *Days.*

Color.

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 77 McElderry St

Duration of Residence in the City of Baltimore, 2 yrs 11 mos 20 days

Place of Death, {Give street and number.} 77 McElderry St

Cause of Death, First, (Primary.) Tne trouble

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cy

Date of Burial, April 10th 1882

Undertaker, Henry Hauch

Place of Business, 309 Central Ave

E Gerstaile M.D.,

Medical Attendant.

Address, 41 N Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

for Burials, to the Office where [illegible] Saturday of each week

The Special Attention of Physicians [illegible] on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 56015 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Maria Gonering

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-two years.

Place of Death, {Give street and number.} # 274 S. Dallas St.

Cause of death, First. (Primary,) Phthisis Pulmonalis Following

Second, (Immediate,) Chronic Bronchial Catarrh,

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Apr. 9th 82

Undertaker, G. Franz

Place of Business, Bank & Wolfe Address, # 243 Alice Anna St.

John H. Rehberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible]

The Special Attention of Physicians [illegible] on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 56014 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Butschinski

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 62 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 17 yr. 3 mos.

Place of Death, {Give street and number.} # 10 & 12 Shakspeare St.

Cause of death, First, (Primary,) ~~Disease~~ Cancer of the lower maxillan accompanied by Haemorrhage,

Second, (Immediate,)

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 11th 82

Undertaker, G. Francke

Place of Business, Frank & Wolf's *Address,* # 243 Aliceanna St

John H. Kelberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, Saturday of each week. No. 3600

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56015 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT APR 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick W. Rhodes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stove Molder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, { Give street and Number. } 1622 Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, old M. E. Cem. Phila. Road.

Date of Burial, Apr. 9th 82

Undertaker, G. Frazer

Place of Business, Bank & Wolfe *Address,* 207 E. Broadway

Nicholas L. Dashiell, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 56016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna M. Roth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 968 West. st.

Cause of Death, First, (Primary.) Croup (Membranous)

Second, (Immediate.) Asphixia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Buriel, Western Cem

Date of Burial, April 10th 1882

Undertaker, Julius Kaehler

Place of Business, Sharp & Cross sts *Address,* 66 S. Paca st.

O. L. Baldwin M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Burials

No. 5 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

Permit No. 56017 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Rothero

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* ~~—~~ *Months,* 11 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 497 Franklin st

Cause of Death, First, (Primary,) Trismus Neonatorum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St Johns cemetery Waverly

Date of Burial, April 10th

Undertaker, C B Clark

Place of Business, 707 W Baltimore

Jesse E Gilpin M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... for Burials, to the Office ... and Saturday ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 56018 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Buzzard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 405 N Lombard

Cause of death, First, (Primary,) ...

Second, (Immediate,) Pth Phisis

Duration of Last Sickness, Four (4) months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 10

Undertaker, Joseph Block

Place of Business, 707 West Baltimore

A. D. Smith M. D.,
Medical Attendant.

Address, 307 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits 5160

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5/019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 9 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah H. Fletcher

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, Sixty-eight *Years,* six *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Maryland

Duration of Residence in the City of Baltimore, During his whole life

Place of Death, {Give street and number} S. E. Cor John & Caroline Streets

Cause of Death { First, (Primary.) Bright's disease of Kidneys
Second, (Immediate,) Ditto

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, April 10th 1882

Undertaker, Wm H. Hickman

Place of Business, 4 Gay St.

Geo F. Cox M. D.
Medical Attendant.

Address, Gardenville Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...pers of Cemeteries in City ... returns of all Deaths

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 56020 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward R. Coggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months.* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 155 Greenmount Ave

Caus of death, First, (Primary.) Kidney Trouble

Second, (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 10th

Undertaker, H. C. Medefield

Place of Business, 90 Greenmount Ave

Wm. Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Certificates [illegible] Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 10 1882

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Mc Carracken

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* —— *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 170 N Front st

Cause of Death, First, (Primary.) ..... Second, (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 10. 1882.

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St.

[illegible] M.D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 56022 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Seebode

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 York st

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 12th

Undertaker, J. E. Blomgh[illegible]

Place of Business, 320 Lemmon st

H. H. Welsh M. D.,
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 56023 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE APR 10 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Weitzman ~~Heitzman~~ Sr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Gardner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} 732 Penna Ave

Cause of Death, First, (Primary.) Dropsy - Renal -

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, April 11th 1882

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

L. L. Miller M. D.,

Medical Attendant.

Address, 89 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 560424

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9/82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Josephine Johnson

Sex, Male ~~Female.~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days.*

Color, Brown Skin

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Change of Food

Second, (Immediate.) Entero Colitis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 11 1882

Undertaker, P. Mullin

Place of Business, ~~—~~

Thos J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Since Augustus Gibbons

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 14 Little Pine Ln

Cause of Death {First, (Primary,) 0 / Second, (Immediate,) Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 11 1882

Undertaker, William Monroe

Place of Business, No 62 East Street

E. A. Gillis M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6602 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. & Luciana Marion 3 Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Lee Street

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial. April 10 1882

Undertaker, B. Nally

Place of Business, W Col St

Wm. F. Dunna M. D., Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office whence issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 56027 *Office of Registrar of Vital Statistics.* Ward 14 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4.9.92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Milstead

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* ... *Months,* ... *Days,*

Color, Colw

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 111 Vine St

Cause of Death, First, (Primary,) Septicaemia

Second, (Immediate,)

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Lowndale Cemetery

Date of Burial, Apr 11 1892

Undertaker, William Monge

Place of Business, No 62 East Street

W. H. Kaufman M. D., Medical Attendant.

Address, 814 Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Gant C

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, C.

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 12 Pamunkey

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 119 Bond cent

Cause of Death { First, (Primary.) Consumption of lungs

Second, (Immediate.)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Apr 10 1882

Undertaker, William Monge

Place of Business, No 62 East St

G. W. Annis *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 56029 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Richardson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 McElderry St Court

Cause of death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Bowen Bg
[illegible] of Mrs. Boot

Date of Burial, [illegible] 11 1892

Undertaker, William Bouge

Place of Business, No 62 East St

..... M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 13.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th April 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ritchie C. Ruppo

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Co. Penna.

Duration of Residence in the City of Baltimore, 2 years 6 months

Place of Death, {Give street and number} 452 Hoffman Str.

Cause of Death First, (Primary.)

Second, (Immediate.) Diphtheria malignant

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, April 11 1882

Undertaker, Wm. H. Parker

Place of Business, Cor. Fayette & Caroline

Robert Smith M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Y & CO., CITY PRINTERS AND STATIONERS.

[OVER

2601 Transit

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 36031

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Fagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years.* *Months.* *Days.*

Color.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Hatley Sts

Cause of Death, First, (Primary.) Jaundice

Second, (Immediate.)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 11th 1882

Undertaker, H. S. Matthews

Place of Business, E. Monument St

W. Brooke Doyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 56032 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~March 31st '82~~ April 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Hall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, Brown

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number.} No. 99 - Sarah ave et.

Cause of death, First, (Primary,) Ulcer

Second, (Immediate,) Septicemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet Cem~~

Date of Burial, ~~April 1st '82~~

Undertaker, ~~[illegible]~~

Place of Business, ~~[illegible]~~

F. W. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is ... Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 56033 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1892

Place of Death, {Give street and number.} 111 York St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11

Undertaker, H Ross

Place of Business, 15 Monument St,

R M Ellis M. D.,
Medical Attendant.

Address, 13 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56031

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Edel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, Butter Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Phil. Pa.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 302 Hartford Ave

Cause of Death, First, (Primary.) Chronic [illegible]

Second, (Immediate.) with general debility

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th

Undertaker, George Schilling

Place of Business, Ashland & Guar

M. B. Billingslea M.D.
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, SEX, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th: Special Attention of ... for Burials ... to Remarks Below, ... List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 56035 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Robinson

Sex, Male ~~*or Female*~~, { Cross out the word not required in this line. }

Age, 27 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Balto City

Duration of Residence in the City of Baltimore, all his Life

Place of Death, { Give street and Number. } 1 Georges alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, W. Put Cemetery

Date of Burial, April 11th 1892

Geo. N. Benson M. D.,

Medical Attendant.

{ *Undertaker,* J. A. Kershaw

Place of Business, } *Address,* Commissioner of Health

Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56036 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ann Kent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 392 west Lexington

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, April 12th

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw st

D. S. Hoffman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66037 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Furlong

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 53 Years

Place of Death, {Give street and Number.} #47 Hillyard St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Over Year

All the above information should be furnished by the Physician.

Place of Burial St Patricks

Date of Burial, April 11 th

Undertaker, H. C. Middfeld

Place of Business, 90 Drummond

Geo F Taylor, M. D.,
Medical Attendant.

Address, 222 N Broadway
City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56038 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Shupack

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, { Give street and Number. } No 546 W. Lexington St

Cause of Death, { First, (Primary,) Chronic Diarrhoea
Second, (Immediate,) h n

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem.

Date of Burial, April 11th 1882

{ *Undertaker,* J. B. Cook
Place of Business, 707 W. Balto St.

Thomas Opie M. D., Medical Attendant.

Address, 39 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36039

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rectors

Sex, ~~Male~~ or ~~Female~~. {Cross out the word not required in this line.} Male

Age, 7 3 *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard County, Maryland

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number.} 5487 N. Lombard st

Cause of Death, First, (Primary.)

Second, (Immediate.) Uraemia

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 12 1882

Undertaker, Wm. A. Leak

Place of Business, 1607 N. Baltimore Store

W. R. McGuire M.D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36040 *Office of Registrar of Vital Statistics.* Ward 3 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Nathan & Ellen Ramsey.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Dec *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 8 Herring's Ct.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial Dallas St Cemetery

Date of Burial, April 11th 1882

Undertaker, Geo T. Jones

Place of Business, ~~Jones~~

George H. Rohé, M. D.
Medical Attendant.

Address, 940 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 56044 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 20 *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 183 Dover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastro Intestinal Catarrh

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. April 11th 1882 Geo. H. Bunce M. D.,

Medical Attendant

Undertaker, H. Ross

Place of Business, Conway St. *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 36042 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

Date of Death, April 11 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Veal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Col'd

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 North st

Cause of death, First, (Primary.) Small pox

Second, (Immediate.) Nervous Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 11th 1882

Undertaker, Armstrong & Sons

Place of Business, 263 Lexington

R. W. Ellis *M. D.,*

Medical Attendant.

Address, 313 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56043 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 1292 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas James Garfield Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* Twenty Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 125 N. Bethel St.

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bloomingdale Cemetery

Date of Burial, April 12th 1882

Undertaker, Wm. C. Hiss Chase

Place of Business, 128 E. Howard St. *Address,* No. 102 N. Broadway

Wm. H. Edmunden, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56064

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Lobbes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widowed~~, ~~Divorced~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 84 Morris Alley

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Hemorrhage

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April the 12

{Undertaker, Moses Thomas

{Place of Business, 43 Aisquith *Address,* 122 Franklin

W W Ashburn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56045 *Office of Registrar of Vital Statistics.* Ward 6 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Street Sweeper

Birthplace, { State on country, and how long in the United States, if of foreign birth. } South Carolina.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and Number. } N° 133 Register St N

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Small Pox

Duration of Last Sickness, 17 days

At the above Information should be furnished by the Physician.

Place of Burial, E City Cemetery

Date of Burial, April 11th 1882

Undertaker, John Mullin

Place of Business, City Hall

Geo. W. Dimon M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 56046 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gemmie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 6 Websters Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 Websters Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 12 th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Av

W. B. Billingslea M.D.
Medical Attendant.

Address, 251 E John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56047 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Fuller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 7 James alley

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Apnea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 13th 1882

Undertaker, B. Haile

Place of Business,

Attor, Elwi M. D.,
Medical Attendant.

Address, 2131 Pt Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 56048 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Pierce

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 294 S. Eutaw St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 12th April

Undertaker, Geo. H. Gerhus Jr.

Place of Business, 130 Henrietta St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrison Gibson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ 9 Months, ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widower~~

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 16 Bennett St

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.) Nearly all his life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, April 14th

Undertaker, Theo J Locke

Place of Business, 73 Jefferson

E. I. Hearn M.D.,
Medical Attendant.

Address, 53 Elliott St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hesta.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 10 Years, — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, School Boy

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 3 Weber Alley

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, R Mysterious Cem

Date of Burial, Apr 12, 1882

Undertaker, Henry Hook

Place of Business, 339 Central Ave

John F. Lemmon M. D.
Medical Attendant.

Address, 238 Monument St
M. E. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 36057 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thanna Virginia Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 366 n Washington st

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 12/82

Undertaker, Henry Hoch

Place of Business, 2 Market Space Address, 256 n Sharp

J. Williams, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Ann Berry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days.*

Color, Black *Sex,* F

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 18 Jordan alley Balto.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 18 Jordan alley

Cause of Death, First (Primary,) Cold

Second (Immediate,) Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Hospital Cem

Date of Burial, April 12th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address*

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve Hunter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Six *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 1 Columbia Av.

Cause of Death. First, (Primary.) Diphtheria

Second, (Immediate.) Sepsis

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 12

Undertaker, Abr. Widmayer

Place of Business, Baltimore St

D C L. H Barclay M.D.,
Medical Attendant.
for Universal Ath Dispensary

Address, 34 N. Greene St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 56082 *Office of Registrar of Vital Statistics.* Ward 9 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882. James Shaw

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) ×alias ×John Campbell

Sex, Male or ~~Female~~, (Cross out the word not required in this line.) Male

Age, 45 *Years,* 32 years *Months,* 2 off *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ = Widower, (Cross out the word not required in this line.)

Occupation, Farmer & Carpenter

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, not known

Place of Death, (Give street and Number.) City Hospital

Cause of Death, First, (Primary.) Incised wound of Calf followed by Erysipelas - Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 month & 12 days.

All the above information should be furnished by the Physician.

Place of Burial E Balto B Cemetery

Date of Burial, April 12

Undertaker, Mr J Mullin

Place of Business,

J. Frazer Thomas M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56055 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hatty Virginia Smith

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days,*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 7 Brewers Alley

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Inanition

Duration of Last Sickness, About three WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12th 1883

Undertaker, Wm H. Bird & Co.

Place of Business, 97 Druid Hill Ave.

Wm A Wade M. D.,
Medical Attendant.

Address, 152 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36056 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Gorman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 105 Convery Ct

Cause of Death, First. (Primary.)

Second. (Immediate,) Phthisis

Duration of Last Sickness, 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12

Undertaker, H Ross

Place of Business, 95 Conway St

Received Notice Medical Attendant. M. D.,

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial; a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56057 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Wilson Emory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 56 Parkish St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Western Penn.

Date of Burial, Apr. 12' 1882

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St *Address,*

W Deaver M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56058 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan & Perry Wright's Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Caroline alley near Bro

Cause of Death, First, (Primary,) Premature 7 3/4 th

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12th 1884

Geo. W. Dixon M. D.,
Medical Attendant.

Undertaker, Wm P. Kummell

Place of Business, Mulberry St

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56059 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Justus Buehl

Sex, Male or ~~Female.~~ (Cross out the word not required in this line.)

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower. (Cross out the word not required in this line.)

Occupation, Baker

Birthplace, (State or country and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 58 years.

Place of Death, (Give street and Number.) 7 Fairmount Av.

Cause of Death, First, (Primary.)

Second, (Immediate.) Organic Disease of the Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 13th 1882

Undertaker, Thos. J Keyser

Place of Business, 60 Bucklow St

A. F. Erich M. D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 56060 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella A. Thomas

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hingham. Mass

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and number.} 64 N. Gay Street

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Hingham Mass

Date of Burial,

Undertaker, W. Ahrens & Sons

Place of Business, 54 E. Balto

C. H. Thomas M. D.,
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56061 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ap 11 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Alt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 9 years

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 381 West St

Cause of death, First, (Primary,) Confinement

Second, (Immediate,) Secondary Hemorrhage

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laudenbush Cem

Date of Burial, April 13th 1882.

Undertaker, Julius Koehler

Place of Business, Sharpe & Cross Sts. *Address.*

S Dillenau M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56062 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Haines

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 Vincent Alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial Locust Cemetery

Date of Burial, Apl 13th 1882

Undertaker, William Krieger

Place of Business,

James F Bailey M. D.,
Medical Attendant.

Address, 219 William str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56063

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Driggs

~~*Son, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Chambermaid

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chambersburg, Pa.

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 240 Raborg St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Apr 13 1882

Undertaker, William Doerger

Place of Business, No 62 East Street

Wm B Campbell M.D.,
Medical Attendant.

Address, 246 N. Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56064 *Office of Registrar of Vital Statistics.* Ward 19 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1902

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Douglas Porpus

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years.* *Months.* *Days.*

Color. Colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 1 S. Wroxeter Alley

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Apr. 12. 1902

Undertaker, W. H. Madden

Place of Business, 46 East Pratt St

J. Rickets *M. D.,*
Medical Attendant.

Address, 530 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56065

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margrett M. Brown.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 175 N. Eden St.

Cause of Death. First, (Primary.) a Aortic regurgitation,

Second, (Immediate.) Paralysis of Heart.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 13 1882

Undertaker, James F Byrne

Place of Business, 62 N Front St

F. V. Chambers, M.D.,
Medical Attendant.

Address, 132 N Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56066 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Susan Berry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 116 Warren

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 13th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56067 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah G. Kemp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, forty two *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} # 319 McDonogh St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 13/82

Undertaker, N. F. Curran

Place of Business, 53 S. Broadway *Address,* 17 S. Broadway

Walter Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56068 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hallum

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 2. St. Paul's st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. April 12th 1884

Undertaker, H. Ross

Place of Business, Conway St. *Address,* Comm of Health & Registrar

Medical Attendant

Geo. N. Benson M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 56069 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1, 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Gaty Seale

Color, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color. White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md. Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 E. Eager St.

Disease of death, { First, (Primary,) Pneumonia

Second, (Immediate,) Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, April 12. 1892

Undertaker H. Sanders & Son

Place of Business, 252 Caston Ave. *Address,*

J. H. Kelly *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Cihak.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 305 Durham St.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 13th 1882

J. B. White M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W. Gay St. *Address,* 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health. City of Baltimore,

Permit No. 56071 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Richard G. Walker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, —— *Years,* 4 *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 335 S Howard St

Cause of Death, { First, (Primary,) / Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetary

Date of Burial [redacted]

Undertaker Hercules Ross

Place of Business, 95 Conway *Address,* 146 Hanover St

Theodore Bath M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56072 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Wester

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 32 Shakespeare St

Cause of Death, First, (Primary.) Diphtheria,

Second, (Immediate.) Asphyxia.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, April 13th 1882

Undertaker, J. C. Schuh

Place of Business, 265 Aisquith Ave

T. F. Sullivan M.D.,
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L. Ford.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 6 Clinton Ave Pittsburgh.

Cause of Death First, (Primary,) "

Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14 82

Undertaker, Hinkley & Dancy

Place of Business, No 263 Light

Geo. Dennison M. D.
Medical Attendant.

Address, 134 S. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1882, J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56074

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 13 1932 HEALTH DEPT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Perkins

Sex. Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 72 *Years,* 3 *Months,* 11 *Days.*

Color, colored

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} ✓

Occupation, Collector

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chester Town, Kent Co. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Nr 66 Henrietta St

Cause of Death, First, (Primary.) Pneumonia, followed by Asthma

Second, (Immediate.) Apnoea

Duration of Last Sickness, 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 1882

Undertaker, Jos Hemsley

Place of Business, 116 Orchard St

Chas F. Houser M.D.,
Medical Attendant.

Address, Nr 68 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56075 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Turner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3½ yrs

Place of Death, {Give street and number.} 283 N. Stricker St

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Plum Pt. A. A. County

Date of Burial, April 15th 1882

Undertaker, John S. Mackey

Place of Business, No 150 Camden St

Geo Keyser M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2606 Traine [Ave.]

Board of Health, City of Baltimore,

Permit No. 56076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lendon Fauntleroy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 33 *Years,* — *Months,* 7 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number.} H E Dover St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 11/82

Undertaker, Fredk A Kretchmer

Place of Business, 501 Carrollton Ave

Geo. A. Bell M.D.,

~~Medical Attendant~~ Coroner 8th Dist.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6607 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~_____~~ *Years,* ~~4~~ *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Pennsylvania ave

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 13

Undertaker, Walter Jones

Place of Business, 315 W Bal

Jas E. Gibbons M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Wilhelmina Harting.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bremen.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } 147 Madison st near Gardner

Cause of Death, { First (Primary,) Cancer in / Second (Immediate,) Asthenia

Duration of Last Sickness, From June 1880

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 14th 1882

{ *Undertaker,* Row & Bartels / *Place of Business,* 62 W. Balt St

C. F. Brune M. D.
Medical Attendant.

Address Linden Ave & Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish ithin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 56079

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Buddenbohn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 244. N. Dallas st

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) Spasm

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, April 14th at 2 o'clock

Undertaker, D. Muller

Place of Business, 21 Carrion St. *Address,* 166 E. Pr

O. L. Buddenbohn *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56080 *Office of Registrar of Vital Statistics.* Ward 18 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Chas Randall Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days,*

Color, ~~~ white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 318 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 15th 1882

Undertaker, B. Stark

Place of Business, West St

Geo. N. Benson M. D.,
~~Medical Attendant.~~

Address, Comm'rs of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. OVER.

Board of Health, City of Baltimore,

Permit No. 56081 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 94

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Margaret Walker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } (fill out) Baltimore Md.

Duration of Residence in the City of Baltimore, (fill out) ✓

Place of Death, { Give street and number. } 421 Franklin St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Apr. 14 1892

Undertaker, J. B. Cook

Place of Business, 709 W. Balto. St

H F Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 57082 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 14 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 /92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. W. Foreman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 872 W Pratt St

Cause of death, First, (Primary,) Lead poisoning

Second, (Immediate,) Ulceration Inflamation of bowels

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, Apr. 14 1892

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

W. F. Kepler M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2607 Truro [OVER.]

Board of Health, City of Baltimore,

Permit No. 56083

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija Dickson.

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Forty (40) Years.

Place of Death, {Give street and number.} No 5 Low Alley.

Cause of Death, First, (Primary.) Epithelioma of penis

Second, (Immediate.) Secondary deposits producing asthenia

Duration of Last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Sharp st

Date of Burial, April the 13

Undertaker, J. C. Jordan

Place of Business, No 63 park st

James Bruce M.D.,
Medical Attendant.

Address, # 110 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56084. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. A. Nicks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Banker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 29 Mc Culloh St

Cause of Death, First, (Primary.) Albuminuria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, More than ten years

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, 15th April 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles *Address,* 317 Madison Ave

Harvey Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56085

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F Falkman

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Can maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 27 Yrs

Place of Death, {Give street and number.} 465 Chase St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Ct.

Date of Burial, April 13 1902

{*Undertaker,* Penn Lodge

{*Place of Business,* 220 N. Central Ave

E H Partridge *M.D.*,

Medical Attendant.

Address, 57 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 56086 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apl. 11th, 82 –

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* — *Days.*

Color, Mulatto

Married, Single, ~~Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 248 Raborg St.

Cause of Death, First, (Primary.) Tuberculer Meningitis

Second, (Immediate.)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 13 1882

Undertaker, William Krieger

Place of Business, No 62 East St.

Wm B Rider M.D.,
Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56087

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Young

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. } Male

Age, One *Years,* ——— *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } ~~61 Oakley St.~~ 59. Penn Alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apr 13 1882

Undertaker, Wilson Monroe

Place of Business, No 62 East Street

D H Barclay M.D.,

Medical Attendant.

Homeopathic Dispensary

Address, 54 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56088 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie J. F. White

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 3 1/2 *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Milledgeville Ga.

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give street and number.} 241 N. Gilmor St.

Cause of Death, First, (Primary.) Diabetes Mellitus

Second, (Immediate.) Diabetic Coma

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Milledgeville Georgia

Date of Burial, April 16th 1882

Nathan R. Gorter M.D.,
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 164 & 6 Druid Hill Ave *Address,* 89 Saratoga St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2609 Frunce

Board of Health, City of Baltimore

Permit No. 56089

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 13 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Apr. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel Jas. Meagher

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 100 McKim St.

Cause of Death, First, (Primary.) Diphtheritic Paralysis

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 14th

Undertaker, H.C. Wiedefeld

Place of Business, 70 Fairmount Ave

Geo Fowke Fogle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 56090

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Fuller Farmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 64 Etting St.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 64 Etting St.

Cause of Death, First, (Primary.) Pertusis

Second, (Immediate.) Bronchitis

Duration of Last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, April 14 1882

Wm B Kidd M.D.,

Medical Attendant.

Undertaker, Mathews Edwards

Place of Business, 227 Mulberry St *Address,* 227 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5691 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Charles Faber

~~*Sex,*~~ *Male* ~~*or Female*~~ (Cross out the word not required in this line.)

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ (Cross out the word not required in this line.)

~~*Occupation,*~~

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Md

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) 52 S. Canal

Cause of Death, First, (Primary,) Dentitio

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial Mount Olivet Cem.

Date of Burial, April 14. 1882

Undertaker, H. Sander & Son

Place of Business, 202 Canton Av Address, 245 Monroe

J. Mathews M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 56092

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Schaake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 21 Little Gough St

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate.) — do — —

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem

Date of Burial, April 16: 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 86 E. Fayette St

G. A. Dohme M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56093 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1902 BALTIMORE

Date of Death, Apr. 13th 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 101 Hill St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1902

Undertaker, Geo. H. Perkins & Co

Place of Business, 130 Henrietta St.

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56094

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th April 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thimothi Griffin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Peddler

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor cor. John and Holly Sts

Cause of Death. First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, One year,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, April 15th 1882

Undertaker, James P Payne

Place of Business, No 63 n Front St

Wm Brooke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56095 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas A. Miller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } East Berlin Penna

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and Number. } 12 N. Howard St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Suicide - by Morphine 7 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cemetery

Date of Burial, April 15th 1882

Undertaker, John Meacher

Place of Business, No 150 Camden *Address,*

Alexander Tinsley M. D.
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health. City of Baltimore,

Permit No. 56096 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. James -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 30 years -

Place of Death, {Give street and Number.} 59 Greenmillow St.

Cause of Death, First, (Primary,) Mitral & aortic regurgitation -

Second, (Immediate,) Pericardial effusion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 14th 1882

Undertaker, W. J. Gray

Place of Business, 45 Hanover St

Clark Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

Board of Health, City of Baltimore,

Permit No. 5609 7 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

Date of Death, April 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgianna Penly

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ { Cross out the word not required in this line. }

Occupation, House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 173 King St

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler

Second, (Immediate,) in A. H. Sibleys Hdw. Mill - N. E. Cor. Pratt & Fremont Sts Instantaneous

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Balt. Cemetery

Date of Burial,

Undertaker, Wm. H. Hickman

Place of Business,

Alexander Tuesley M. D.,

Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56098 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

Date of Death, apr 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno H. Gore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months.* *Days.*

Color, whl

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number.} 127 Dolphin St

Cause of death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 16th 1882

Undertaker, Thos L Hughes

Place of Business, 60 E Balto

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56099 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1882 BALTIMORE

Date of Death, April 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cyrenius Fish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four (4) *Years,* — *Months,* Seven (7) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four (4) Years

Place of Death, {Give street and number.} 207 Little Green St.

Cause of death, First, (Primary,) Carbuncle Malignant

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, Apr 14, 1882

Undertaker, Geo. Keck

Place of Business, 324 Central Ave *Address,* 207 Little Green St

Medical Attendant. *M. D.,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56100 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

Date of Death, April 13/82

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) John G. Gruner

Sex, Male ~~or Female~~ (Cross out the word not required in this line.)

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.) —

Occupation, ...

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) 104 S. Bond St.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,) ...

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem.

Date of Burial, April 14 1882

Undertaker Chandler & Son

Place of Business 502 Gordon Av.

R. W. Mansfield M. D.,
Medical Attendant.

Address. 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56101 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

Date of Death, April 13. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Mary C. Kaupp

Sex, ~~Male~~ or *Female,* (Cross out the word not required in this line.)

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married ~~Single~~, *Widow* or ~~Widower~~. (Cross out the word not required in this line.)

Occupation, House Keeper

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, (Give street and Number.) 454 W. Pratt St

Cause of Death, (First, (Primary,) Injuries received by Explosion of Boiler

(Second, (Immediate,) in A. H. Sibley & Co's Mill N. E. Cor W. Pratt & Fremont Sts Instantaneous

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Ballo Cemetery

Date of Burial, April 15th 1882

Undertaker. George Leimbach,

Place of Business, 389 W Pratt St *Address,*

Alexander Tinsley M. D.,

~~Medical Attendant~~

Corner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 56102 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Frank Kraning

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, 15 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~. (Cross out the word not required in this line.) ✓

Occupation, Laborer in Sibley's Mill

Birthplace, (State or country, and how long in the United States, if of foreign birth.) City

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give street and Number.) N. E. Cor of Prall & Fremont Sts

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler

Second, (Immediate.) in A. H. Sibleys & Co Mill N. E Cor of Prall & Fremont Sts Inflammation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cemetery

Date of Burial, April 14th 1882

Undertaker, Wm P. Kummer

Place of Business, Mulberry St *Address,*

Alexander Tinsley M. D.
Medical Attendant

Comer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 56103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore Boston Wharf foot of Hill St

Cause of Death, First, (Primary.) Congestion Lungs

Second, (Immediate.)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, April 14. 1882.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

O S Mahon M.D.,

Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37610 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 13/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Felix Barnes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, —— *Years,* —— *Months,* 19 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 29 E. Stricker St

Cause of Death, First, (Primary,) Accidental administration of an overdose of Laudanum by his Aunt.

Second, (Immediate,) "

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 14 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

Thomas Opie M. D. Medical Attendant.

Address, 39 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 56105 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ball

Sex. ~~Male~~ or ~~Female~~. {Cross out the word not required in this line.}

Age, Fifty six *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, about 15 yrs

Place of Death, {Give street and number.} 11 Grindall's Ct

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, April 15th 1882

Undertaker, Jacob Davis

Place of Business, Lee St

Edwd. Hall M. D.,
"Medical Attendant.

Address, Southern Dispensary
77 Dill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. 2611 Frankl [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Adams

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll Co. Md

Duration of Residence in the City of Baltimore, Forty two yrs

Place of Death, {Give street and number.} Harryle Ave

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) Dropsy Exhaustion

Duration of Last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 15th 1882

Undertaker, Wm Weaver

Place of Business, 202 N Gilmor

A. F. A. Keech M.D.
Medical Attendant.

Address, 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Orson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 65 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sexton

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomac Co Va.

Duration of Residence in the City of Baltimore, More than 40 years

Place of Death, {Give street and number.} 177 N Eutaw

Cause of Death, {First (Primary,) Obscure Abdominals / Second (Immediate,) Sudden

Duration of Last Sickness, Protracted

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 15th 1882

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

J M Kemp M.D.
Medical Attendant.

Address, 55 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Co. Read and Callender alley

Cause of Death, First, (Primary.) Old age.

Second, (Immediate,)

Duration of last Sickness, 3 Months

• All the above information should be furnished by the Physician.

Place of Burial, Potts Square

Date of Burial, April 16th 82

Undertaker, Leonard Clark

Place of Business, 109 N. Eutaw St.

G. W. Harris M. D.
Medical Attendant.

Address, Co. Stricker & Pinkney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Balti...

Permit No. 56109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Keating

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 119 William St

Cause of Death, First, (Primary.) Congestion Chill

Second, (Immediate.)

Duration of Last Sickness, Half Day

All the above information should be furnished by the Physician.

H. B. Noble M.D.,
Medical Attendant.

Place of Burial, Penna Bra

Date of Burial, April 15 1882

Undertaker, James P Byrne

Place of Business, 1163 Pennsylvania Ave *Address,* 60 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56 / 10 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Goldsborough

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B[illegible] C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Moore's Ct

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Westen Run Cem

Date of Burial, Apr 14 1882

Undertaker, Fred A Kerchner

Place of Business, ——

A. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Sheddan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Epileptic fit

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14

Undertaker, C. W. Bryarc

Place of Business, 996 W. Pratt *Address,* 92 Mosher St

C. Fawcett *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 36112 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th. 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth —

Sex, ~~Male or~~ Female {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days.*

Color, White —

~~Married~~, *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of death, First, (Primary.) ——

Second, (Immediate.) Inanition —

Duration of Last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 14th - April.

Undertaker, Patrick Hunt.

Place of Business, Asylum

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem Av. and Elm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56113 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget McStay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State if country, and now living in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and Number.} 342 Hanover st

Cause of Death, First, (Primary,) Renal Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem.

Date of Burial, April 14, 1892

Undertaker, C. F. Krause

Place of Business, 208 Hanover

K. H. P. Ellis M. D.,
Medical Attendant.

Address, 318 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56114 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* ~~8~~ *Months,* *Days.*

~~Color~~,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 11 Smiths Alley

Cause of death, First, (Primary,) Parotitis

Second, (Immediate,) Metastasis to brain

Duration of Last Sickness, 96 hours.

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, 15 of April

Undertaker, Adam Fink

Place of Business, 461 W Gay St

J W White, M. D.,
Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 56115 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 "1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma & Saml Neal (Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~

Age, ~~ Years, ~~ Months, 3 Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Morris alley st

Cause of Death, First, (Primary,) Hemorrhage

Second, (Immediate) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, April 14 "88

Undertaker, Wason & Cephas

Place of Business,

Geo. R. Gaines M.D.
Medical Assistant.

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 36116

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Rodman Baldwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 105 Park Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Waterbury Anne Arundel Co Md

Date of Burial, Monday April 17th 1882

Wm. L. O'Donovan M.D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 85 Park Ave.

Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2613 Bms

Board of Health, City of Baltimore,

Permit No. 3617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Ellinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 1070 West Baltimore St.

Cause of Death, First, (Primary.) Pneumonia ending in Consolidation of lungs

Second, (Immediate.) nearly entire hepatization of both lungs. Exhaustion

Duration of Last Sickness, 3 months. Ill-health for years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apr 15th 1882

R. H. Goldsmith M.D.,

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette & *Address,* Mad. and Calhoun Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56118

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Murphy Dallam

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 148 McCulloughs.

Cause of Death, First, (Primary.) Pneumonia,

Second, (Immediate.) Phthisis -

Duration of Last Sickness, 3 months;

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apr 16 - 1882

W Pinkney M.D.,
Medical Attendant.

Undertaker, Lemmy & Mitchell

Place of Business, 550 W Fayette St *Address,* 119 W Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 th April

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Wolf

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lumberjoer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 61 Little Pedigo st

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 15. 1882

Undertaker, Wm A Ackman

Place of Business, 234 N. Gay St

C H Coffman *M.D.,*
Medical Attendant.

Address, 57 Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56120 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Bodecker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* ..... *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 196 Eroff St.

Cause of Death, First, (Primary,) Prostatitis

Second, (Immediate,) Senile Debility

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, April 15 -

Undertaker, Henry Brule

Place of Business, Fennella St & } *Address,* 281 St Charles

Wm H Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 56121 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie A Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 8 Bartlett Alley

Cause of Death, { First, (Primary,) Puerperal Metritis / Second, (Immediate,) Septicaemia

Duration of Last Sickness, ~~Days~~ 10 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem.

Date of Burial, Apr. 15th 1882

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St.

Jno. D. Blake M. D., Medical Attendant.

Address, 165 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56122

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Jordan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} # 19 North Carolina St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, April 15-82

Undertaker, H. Heck & Son

Place of Business, ———

J. E. Cook M.D.,
Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56123 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Eckard

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* 7 *Days.*

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Blacksmith

Birthplace, { State or country, and how long in the United States, if of foreign birth } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 58. Saratoga

Cause of Death, { First, (Primary.) / Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 8. days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Learning Gr.

Date of Burial, Monday April 17th

Undertaker, J. Harles

Place of Business, 282 West Street.

Thomas Cole M. D., Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56124 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ludemann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 219 Woodbury

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, April 16th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 146 Hanover

Kerome Ortz M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56125 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie E. Small

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 N. Bruce

Cause of death, First, (Primary,) Burning (Scald)

Second, (Immediate,) Shock

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bullis St. Cemetery

Date of Burial, Feb 15th 1882

Undertaker, Geo J Locke

Place of Business, 23 Jefferson st

J. L. Bullitt M. D., Medical Attendant.

Address, 17 N Bruce st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56126 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jervis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 70 Battery av

Cause of death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 16/82

Undertaker, Amsting & Lenny

Place of Business, Light & Montgomery *Address,* 57 Barre

J. W. Webster M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5612

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR
15 15
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BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th April 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann B. Dulin

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* — *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 148 N. Howard St.

Cause of Death, { First, (Primary.) / Second, (Immediate.) Senile Bronchitis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 16th April

{ *Undertaker,* F. L. Schaefer
{ *Place of Business,* 109 Fremont St

H. W. Davis M.D.,
Medical Attendant.

Address, 48 N. McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5612 8 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Wahl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years.* Two *Months.* *Days.*

Color, Mulatto.

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} √

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 84 N. Bond St.

Cause of death, First, (Primary.) Measles

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16 1882

Undertaker, H. [illegible] & Son

Place of Business, 202 Gaston Ave

Wm H Chudwick, M. D.,
Medical Attendant.

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56129 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April, 14th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Whitney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, ...

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 19 Barnes

Cause of death, First, (Primary,) Trismus Nascentium

Second, (Immediate,) .....

Duration of Last Sickness, One Day -

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 56130 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola F. Danker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Nr. 246 N. Amity St

Cause of death, First, (Primary,) Typhoid Malaria Fever

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 16 1882

Undertaker Armstrong & Denny

Place of Business, Light & Montgomery *Address,* 231 N Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56131 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth L Bowie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lady -

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prince Georges Co Md

Duration of Residence in the City of Baltimore, one visit 4 weeks

Place of Death, { Give street and Number. } 666 West Fayette st.

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Pneumonia. ✓

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Pres. Cem. Md

Date of Burial, April 15th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette Address,

Inman Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2614 Hanover

Board of Health, City of Baltimore,

Permit No. 56132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Alexander Burras

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 *Years.* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~. { Cross out the word not required in this line. } Married

Occupation, (Driver) of Car

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington D.C. ~ 25 years ~

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 298. Canton Ave

Cause of Death, First, (Primary.) Brights disease

Second, (Immediate.) Dropsy, Paralysis

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, April 16 1882

Undertaker, H. Sander & Son

Place of Business, 202 Canton Ave

Thomas B. Evans ~ M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56133

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* two *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hull Lane 14

Cause of Death, First, (Primary.) Vicissitude of temperature

Second, (Immediate.) Insomnia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loyal Cemetery

Date of Burial, Apr 15 1882

Undertaker, William Kinsey

Place of Business, No 62 East Street

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56134 — *Office of Registrar of Vital Statistics.* Ward 14 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W Addison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N. E. Cor W Pratt & Fremont sts

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler

Second, (Immediate,) at A H Sibleys & Co. Mill N. E. Cor West Pratt & Fremont sts Instantaneous

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cem

Date of Burial, Apr. 15 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 56135 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, when filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Collett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City — Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 171 King St

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler
Second, (Immediate,) in A. H. Sibbys & Co Mill - N.E. Cor W. Pratt & Fremont Sts Instantaneous

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, Apr. 13th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,*

Alexander Tinsley M. D.,
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 56136 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Trautman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 339 Columbia Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem.

Date of Burial, April 16 1882

Undertaker, J Brook

Place of Business, 707 W. Balto St

James Tooley M. D., Medical Attendant.

Address, 319 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56137 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Keith

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Laurel, Prince George Co. Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 54 N Henry St

Cause of death, First, (Primary.) Heart Disease

Second, (Immediate.) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Apr. 17 1882

Undertaker, J. Bloor

Place of Business, 707 W. Balto St.

[illegible] *M. D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Booker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, B *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} 12 Monib ally

Cause of Death, First (Primary,) Old

Second (Immediate.) Phthysis pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14, 15

Undertaker, Mason & Shed

Place of Business, 27 Criterion Ave *Address*

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 56139 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15, 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Dawson,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 Years, Months, Days,

Color, white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Ships carpenter,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Sixty yrs.

Place of Death, {Give street and Number.} 205 Gough St.

Cause of Death, First, (Primary.) Cerebral Hemorrhage

Second, (Immediate,) Paralysis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial. M. E. Cemetery Third Road

Date of Burial. April 17th 1882

G. G. Lusk M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5614 0 *Office of Registrar of Vital Statistics.* Ward 10 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. H. Wade

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* — 10 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } " "

Occupation, Editor (Telegraph) Balto. Sun Richmond Va —

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number. } 161 W. Fayette St.

Cause of death, First, (Primary.) Bulbar Paralysis

Second, (Immediate,)

Duration of Last Sickness, 1st. 3yr - 2nd 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, April 17th

Undertaker, John E Haught

Place of Business, 320 Pennsylvania

D. A. Crim M. D.,
Medical Attendant.

Address, 161 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2616 Transcript

Board of Health, City of Baltimore,

Permit No. 56141 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse James Reed

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 110 S. Sharp St.

Cause of Death, First, (Primary.) Diphtheritic

Second, (Immediate.) Croup

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial Cambridge Md.

Date of Burial, April 16th.

Undertaker, F. N. Frott.

Place of Business, 131 Hanover

Jno. H. Smith M. D.,
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2616. Transcriber

Board of Health, City of Baltimore,

Permit No. 5614 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Brian

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 21 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 15 Little Pine St

Cause of Death, First, (Primary,) Malnutrition (certified)

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St Cemetery

Date of Burial, April 16 1882

Undertaker, John A. Owens

Place of Business, 225 S Howard

Geo. N. Denson, M. D., Medical Attendant

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 56143 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

Date of Death, April 14th 1882.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Mary J. Dooley

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation, None

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Halifax N. S.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, (Give street and Number.) 103 Linden Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, 16th April

Undertaker, W. Clarke & Son

Place of Business, 64 E. Balto.

C. O'Donovan Jr. M. D.
Medical Attendant.

Address, 115 N. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 6 1 4 5 4 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harrison Wales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} N. E. Cor Pratt & Fremont

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler

Second, (Immediate,) at A. H. Sibleys & Co Mill N. E. Cor Pratt and Fremont

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, April 15th 1882

Undertaker, Wm H. Bishop & Co

Place of Business, 99 E. Pratt St *Address,*

Alexander Tenley M.D.,
~~Medical Attendant~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56145 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Keller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* ... *Months,* *Days,*

Color, C

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queens Anne's Co.

Duration of Residence in the City of Baltimore, 35 Yrs.

Place of Death, {Give street and Number.} No. 31 Raburn St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, April 16th 1882

Undertaker, Sam'l. P. Wines

Place of Business, No. 193 E. Monument

Chas. Jr. Neff M. D.,
Medical Attendant.

Address, 306 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56146 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

Date of Death, April 13. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Hebron

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer in Sibley & Co's Mills

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } N. E. Cor. of Pratt & Fremont sts

Cause of Death, First, (Primary,) Injuries received by Explosion of Boiler in A. H. Sibleys & Co Mill N. E. Cor of Pratt and Fremont sts - Instantaneous

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp st. Cemetery

Date of Burial, April 16th 1882

Undertaker, Saml. W. Chase

Place of Business, 195 S. Howard st. *Address,*

Alexander Tinley M. D.,

~~Medical Attendant~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56147 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Cross

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 6 mo

Place of Death, {Give street and number.} 234 N Bond

Cause of death, First, (Primary,) consumption

Second, (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg Penn

Date of Burial, April 17 1881

Undertaker, Bockelman & Campau

Place of Business, 38 Canon St

G Lane Tanneyhill M. D., Medical Attendant.

Address, 129 N Bedford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2618 Trans [over]

Board of Health, City of Baltimore,

Permit No. 56146 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Ball

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 6 Leach Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 16

Undertaker, H Ross

Place of Business, 95 Lombard St.

W. S. Booze M. D.,

Medical Attendant.

Address, 206 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56449 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Conroy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months.* 16 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor. Bond and Lloyd

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 16" 1882

Undertaker, M A Saiger

Place of Business, 745 S. Broadway

P. L. Curtin M. D.,
Medical Attendant.

Address, 1716 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56150 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 16 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhard M. Gilmeyer,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* 9 *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time,

Place of Death, { Give street and Number. } 20 Patterson Park avenue

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Mania a potu

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, April 16th 1882

Undertaker, Fred. Gilmeyer

Place of Business, 341 Central Ave

Nicholas L. Dahlia, M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 56151 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 16 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday April 15th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Gardner.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Horse Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} # 308 N. Gay St.

Cause of death, First, (Primary,) Epithelomatous Cancer of Lip and Cheek, involving lower Maxillary Exhaustion

Second, (Immediate,)

Duration of Last Sickness, 4 Years.

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, April 17th

Undertaker, E. D. Selby

Place of Business, Reisterstown md

Wilmer Winton M. D.,
Medical Attendant.

Address, 25½ Grammand Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 56152 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th '82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minerva Ringgold.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House Servant

Birthplace, { State or country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ten years

Place of Death, { Give street and Number. } 19. Orchard st

Cause of Death, { First, (Primary.) Phthisis Pulmonalis / Second, (Immediate.) }

Duration of Last Sickness, Eleven Months.

All the above information should be furnished by the Physician.

Place of Burial Sharp st Cemetery

Date of Burial, April 16

Undertaker, Mason Segee

Place of Business, 15 Druid Hill Ave & 116 *Address,* 115 W. Monument

C. O'Donovan Jr. *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Medical portion of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallis T. Crump.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 362 N. Washington St.

Cause of Death First, (Primary,) Cranial Neuralgia

Second, (Immediate,) Meningitis.

Duration of last Sickness, About 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 17. 1882

Undertaker, John W Jackson

Place of Business, Cor Gay & Centre

F. W. White, M. D.
Medical Attendant.

Address, 542 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56154 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joseph Keppert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 214 N Durham St

Cause of death, { First, (Primary,) Erysipelas Vesicularis
Second, (Immediate,) Erysipelas

Duration of Last Sickness, about Four Days Defunctly

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, April 17, 1882

Undertaker, Henry Heuer

Place of Business, 30 Central Ave

J. C. Abrey *M. D.*, Medical Attendant.

Address, 214 N Durham St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56158 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 16 1982
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15: 1882 Infant of B & J H Jones

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Not named

Sex, Male or Female, (Cross out the word not required in this line.) Female

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) X X

Occupation, X X X

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, (Give street and Number.) 108 S. Caroline St.

Cause of Death, First, (Primary,) Premature

Second, (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial Baltimore City

Date of Burial, April 17

Undertaker, Rau, Bartell

Place of Business, 62½ W Balt St

Jno E Arnold M. D.,
Medical Attendant.

Address, 996 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56/86

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Reiney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} Bloomberg St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cirrhosis of the Liver

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Grund Pfarre

Date of Burial, April 19 1882

Undertaker, B Hahn

Place of Business, 82 W Saratoga St

Medical Attendant. M.D.,

Address, 111 Glauer St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56157 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Baccigalupe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 63 President St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, April 1882

Undertaker, James P Byrne

Place of Business, No 63 N Front St

John Morris M. D.,
Medical Attendant.

Address, cor. E. Fredrick St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56158 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Hand

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 516 N. Washington

Cause of death, First, (Primary,) Typhoid Malaria Fever

Second, (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 16th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Ave *Address,* 238 N. Broadway

Jno. G. Purnell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56155 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 20 Wagner Alley above Lombard

Cause of death, First, (Primary,) Tumor of brain

Second, (Immediate,) .....

Duration of Last Sickness, 2 yrs

All the above Information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, April 16 1882

Undertaker, William Berger

Place of Business, No 62 East Street

H F Toll M. D.,

Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16160 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lennon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 34 yrs in Am

Duration of Residence in the City of Baltimore, 34 yrs in Balt.

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem.

Date of Burial, April 16 1882

Undertaker, Jas P Byrne

Place of Business, Front st

Oscar J. Horkan M. D.
Medical Attendant.

Address, 188 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6161 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Marshall.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 7 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 Fort Ave.

Cause of death, First, (Primary,) Wound of Little Finger, Left Hand,

Second, (Immediate,) Telanus Traumaticus

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, April 17

Undertaker, P. Keale

Place of Business, 82 West St.

R. J. N. Tall M. D.,
Medical Attendant

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56162 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 91 Eastern Av

Cause of death, First, (Primary,) Cirrhosis Hepatis

Second, (Immediate,) Marasmus Dropsy

Duration of Last Sickness, Four (?) Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 19th 1882

Undertaker, Peter Firey

Place of Business, 91 Eastern Av

S. Wolfe M. D.,
Medical Attendant.

Address, 91 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56163 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 17 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Julius Sheppard

Sex, ~~Male or Female,~~ (Cross out the word not required in this line.)

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, about 25 Years

Place of Death, (Give street and Number.) University of Md

Cause of Death, First, (Primary,) Paralysis & Bright's Disease

Second, (Immediate.) Asthenia

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cemetery

Date of Burial, April 18th 1882.

Undertaker, Blair Frey

Place of Business, 91 Eastern Av

F. West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Stewart

~~*Sex*~~, *Male or* ~~*Female*~~. {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number.} 230 Lewis St.

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) asphyxia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17

Undertaker, H Ross

Place of Business, 95 Conway St

Wm B. Canfield M.D.,
Medical Attendant.

Address, 246 N. Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56765 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Loydia McHampton

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* — *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country and how long in the United States, if of foreign birth. } Baltimore County Md,

Duration of Residence in the City of Baltimore, About 53 Years

Place of Death, { Give street and Number. } 25 S Poppleton St

Cause of Death, { First, (Primary.) Premature Senility

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, April 17th 1882

Undertaker, Wm Shaefer

Place of Business, 16 150 Camden

Elias L Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56166 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

Date of Death, April 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Hennings Infant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 *Years,* 8 *Months,* 4 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower.~~ { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 164 E Green St

Cause of Death, { First, (Primary,) Cerebral Apoplexy. Second, (Immediate.) Asthenia 2 hours. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cemetery

Date of Burial, April 17th 1882

Undertaker, John Slingluff

Place of Business, No 150 Fremont

Jno D Blake M. D., Medical Attendant.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56167 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Maynard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years.~~ Seventeen *Months,* *Days.*

Color, Mulatto

~~*Married*~~, *Single, Widow* ~~or~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give street and number.} 49 Oxford St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17th 1892

Undertaker, Wm. Fischer.

Place of Business, 97 Eutaw Ave

F. B. Gardner M. D.,
Medical Attendant.

Address, 1204 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56168

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Davis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 109 Stirling St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, About six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 17th

Undertaker, H. C. Widefeld

Place of Business, 30 Greenmount

D W Cathell M.D.

Medical Attendant.

Address, 2. W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56169 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 15-1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda F. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 Mo

Place of Death, {Give street and number.} 75- Pelham al

Cause of death, First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17

Undertaker, H Ross

Place of Business, 75 Lonmay St

R C Lee M. D.,
Medical Attendant.

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as near as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ferdinand Horn

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} No. 102 Pearl St

Cause of Death First, (Primary,) Endocarditis

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 17th

Undertaker, A. Mallet

Place of Business, 66 N. Paca St

Thomas Shearer M. D.
Medical Attendant.

Address, No. 99 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56171 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 200 York St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 18th 1882

Undertaker, H. Ross

Place of Business, ...

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56173

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Bonawell

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 128 E. Collington Ave

Cause of Death, {First (Primary,) Marasmus

Second (Immediate,) ~~month~~ month

Duration of Last Sickness, 2 & 1

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co. Va.

Date of Burial, April 17th 1882

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

J. D. Sisk M. D.
Medical Attendant.

Address No. 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 56173 *Office of Registrar of Vital Statistics.* Ward 13 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Lewis Weller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 25 *Years,* 1 *Months.* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} S. Schroeder Street 62

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 18 April 1882

Undertaker, C. B. Cook

Place of Business, W Balt St 707

Dr F Reinhard M. D.,
Medical Attendant.

Address, 274 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th April 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Wilhelm Haynes.

Sex, Male ~~or Female.~~ {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 80 N. Durham Str.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Atrophia infantum.

Duration of last Sickness, three months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 17 1882 Robert Smith M. D. Medical Attendant.

Undertaker, John Hornig

Place of Business, 382 Orleans St *Address,* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56178 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie McBrink

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 261 E. Madison St

Cause of death, First, (Primary,) Typhoid Malaria Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 18/82

Undertaker, M. F. Curran

Place of Business, 53 S Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Address, 738 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56174 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd N. Johnston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years.* *Months.* *Days.*

Color, White.

Married, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Septem

Place of Death, {Give street and number.} 167 N Eutaw St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Kurig Geo's Co. Md

Date of Burial, Apl 18th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

R. N. Levin M. D.,
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2621 Town [OVER.]

Board of Health, City of Baltimore,

Permit No. 56177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Hartsins.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 63 Penn alley —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #4 Wells alley

Cause of Death, First, (Primary.) Tubercular Meningitis.

Second, (Immediate.)

Duration of Last Sickness, 1 Wk.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, April 17

Undertaker, Wilson & Spence

Place of Business, 1 1/2 East Hoff 215

J. G. Abbottsmith, M.D.,

Medical Attendant.

Address, Fayette & Paca sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56178 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Col. Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States if of foreign birth.} Bath. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} # 392 N. Eden St.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of Last Sickness, 3½ Days

All the above information should be furnished by the Physician.

Place of Burial London Park —

Date of Burial Monday 17th 82

Undertaker, J. N. McCoy Med

Place of Business, 220 N. Fayette St

Geo. A. Northrop M.D.,
Medical Attendant.

Address. # 305 St Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56179 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16/82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. Hartman

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 36 Yrs ~~Years,~~ ~~Months~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 117. Mulligan St.

Cause of Death, First, (Primary,) Ezamasis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 17

Undertaker, W. Dysard

Place of Business, 6 Bond St. *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56180 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

Date of Death, April 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Sauter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, C d

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 5 Skelton alley between Bolton & Bond

Cause of death, First, (Primary.) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17 1882

Undertaker, Aby Hemsley

Place of Business 116 Orchard St

J. E. McShane M. D.,

Medical Attendant.

Address, 582 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56181 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. M. J. Schultz.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 43 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Cor. Fayette & Schroeder Sts.

Cause of Death, First, (Primary.) Puerperal Fever

Second, (Immediate.) " "

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 18th 1882

Undertaker, Jno. Lofligan

Place of Business, 121 Pennsylvania Ave

Thomas O'Sie M. D.
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 56,182

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} # 417 Hamburg St

Cause of Death, First, (Primary.) Old Age —

Second, (Immediate.) Genl debility —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18th

Undertaker, F. N. Todd

Place of Business, 183 Hanover

D. A. Bell M.D.,

Medical Attendant.

Coroner

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56183 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Ap 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Louisa Kiseker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 6 *Days.*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 230 William

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, 18 April

Undertaker, B. Karl

Place of Business, 82 West St *Address,*

D Deuker M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5618 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E Connell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 1 *Years,* 2 *Months.* 10 *Days.*

Color ~~C~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 336 N Durham St

Cause of death, First, (Primary,) Catarrhal Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cemetery

Date of Burial, April 17th 1882

Undertaker, Theodore J Lochs

Place of Business, 73 Jefferson St

S. S. White, M. D.,
Medical Attendant.

Address, 367 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56185 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunnegunda Selner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 14 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 1 yr

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 20 Burrough St

Cause of Death, First, (Primary,) Thrush

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 17 1882

Geo. W. Dimond M. D.,

Medical Attendant.

Undertaker, B. Hauer

Place of Business,

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56186 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

Date of Death, April 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 months *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Cachexia

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial. April 17

Undertaker, [illegible]

Place of Business, [illegible]

T. A. Ashby M. D.,

Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56187 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, — *Years,* 19 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 87 N. Eutaw St.

Cause of death, First, (Primary,) Acute Hydrocephalus

Second, (Immediate,) Paresis —

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 17

Undertaker, Chas Glazier

Place of Business, 205 E. Pratt

Robt H Mifflin M. D.,
Medical Attendant.

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36188 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. J. Kaier

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Brakeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 Yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, {First, (Primary,) Phthisis

{Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 17 1882

Undertaker, Jas P Byrne

Place of Business, Front st

T. Fraser Thomas M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56189

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella B. McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ? *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Caroline St. N. 9

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 18th April

Undertaker, George Schilling

Place of Business, Ashland Square

A. G. Mason *M.D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56190 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th April 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Margaret Kiel.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Fifty Nine (59) *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Head of a family.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria Europe.

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, { Give street and Number. } No 91. N. Eutaw St. Baltimore.

Cause of Death, First, (Primary.) Disease of the Heart. Hypertrophy &c.

Second, (Immediate,) Valvular Disease, particularly Semi lunar valves

Duration of Last Sickness, about 5 or 6 Months. Death was Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, April 19/82

Undertaker, Mr Rosenberger

Place of Business, Mulberry st. near Eutaw

Wm Cruse Bibbon M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hermann Fell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} N.W. cor Howard & Lexington Sts

Cause of Death, First, (Primary.) Catarrhal Fever

Second, (Immediate.) Dyphtheria.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th April 1882

Undertaker, H & W. Jenkins Son

Place of Business, 75 N. Charles

W. P. Morgan M.D.,
Medical Attendant.

Address, 119 W. Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56192 *Office of Registrar of Vital Statistics.* Ward 16 a 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 18 1884 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 183 Lower St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina Maligna

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19/84

Undertaker, Hercules Ross

Place of Business, Conway

Geo. W. Dunton M. D.,

Medical Attendant

Address, Commissioner of Health

~~Coroner~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56193 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 17. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella V. L. Chase

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 19 *Years,* —— *Months,* —— *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 29 Frederick Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) 4 11

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Cem. *Certified by* Thomas O'Brien *M. D.,*

Date of Burial, April 19th 1882 Medical Attendant.

Undertaker, J. M. Leonard & Son *Address,* 39 N. Carey St

Place of Business, 782 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2642 Transcribed

Board of Health, City of Baltimore,

Permit No. 36194 - *Office of Registrar of Vital Statistics.* Ward 12 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Mary Ponda Jones

Sex, ~~Male~~ or *Female,* (Cross out the word not required in this line.)

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation, ...

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, (Give street and Number.) cor Oxford St

Cause of Death, First, (Primary.) Atrophy

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 18" 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* 223 Madison Av

J E. Atkinson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 56195 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 18 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Byrd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 2 ys

Place of Death, { Give street and Number. } 3 1/2 Light St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, 1/2 hr.

All the above Information should be furnished by the Physician.

Place of Burial. Mount Olivet Cem.

Date of Burial. April 18

Undertaker, B. Marle

Place of Business, 82 West St.

Chas. Ellis M. D.
Medical Attendant.

Address, 3 1/2 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56196

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Brunger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Brickmaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 91 Johnson ave

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate.) Typho Malarial Fever

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C

Date of Burial, April 19

Undertaker, B. Mault

Place of Business, 82 West St

Norton Earle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56197

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel H. Hansbury

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St Mary's Co. Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, { Give street and number. } 168 Division St. City

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 2 Couple months

All the above Information should be furnished by the Physician.

Place of Burial, St. Mary's Co. Md.

Date of Burial, Thursday April 20th/82

Undertaker, John E. Hough

Place of Business, Penna ave.

J. Quigley M.D.
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2623 Hanover [OVER.]

Board of Health, City of Baltimore,

Permit No. 56198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Godleib Lawrence Reich

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, ... *Years,* 2. *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 35 Lemon Street

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Scrofula.

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 19 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Hector H. Goodman M.D.,
Medical Attendant.

Address, 645 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56199 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Vondenlagen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 104 S. Stricker St

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Apr. 19 1882

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore St.

John Neff M. D.,
Medical Attendant.

Address, 309 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56200

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Jonnie Wharton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Of 5 years

Place of Death, {Give street and number.} 341 E Pratt St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, Some week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1882

Undertaker, W A Laiger

Place of Business, 714 S. Broadway

Geo. S Kinnemon M.D.,
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin James Gong

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 104 Eden al.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Ste Cem

Date of Burial, April 17 18

Undertaker, Dr. Robinson

Place of Business, 130 Hanover St

Wm M Eastman *M. D.*
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56207 *Office of Registrar of Vital Statistics.* Ward 10 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Barthelson.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 Years, 9 Months, 27 Days.

Color, White.

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 298 Saratoga St.

Cause of death, First, (Primary,) Carcinoma of the Liver & Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1½ years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 19th 1883

Undertaker, J. Ford Thomas

Place of Business, No 150 Lanvale

J. Wickert M. D.,
Medical Attendant.

Address, 120 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36203 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hiram D. Brown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Clarke Co Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } Howard House

Inquest — Verdict

Cause of Death, First, (Primary,) Haemorrhage Lungs

Second, (Immediate.) Pneumonia (suffered)

Duration of Last Sickness, Taken to bed —

All the above information should be furnished by the Physician.

Place of Burial Loudon, Co. Va.

Date of Burial, April 19th 1882

Undertaker Andrews & Hodges

Place of Business. 164 Druid Hill Ave

Alexander Tinsley M. D.,
Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 262 [OVER]

Board of Health, City of Baltimore,

Permit No. 56204 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jovert Lockermans Kneass

~~Sex.~~ *Male* ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* two *Months,* fourter *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 months 14 days

Place of Death. {Give street and number.} 143 North Charles

Cause of Death, First, (Primary.) Abcess

Second, (Immediate.) Pyamia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th April 1882

R. K. Kneass, M.D.,
Medical Attendant.

{*Undertaker,* H. W. Jenkins & Son
Place of Business, 75 N. Charles *Address,* 554 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56205 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. C. Bradshaw,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *4 Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City –

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 282 Light – St.

Cause of death, First, (Primary,)

Second, (Immediate,) Scarlet Fever –

Duration of Last Sickness, 8 days – –

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 19.

Undertaker Armstrong & Denny

Place of Business, Light & Montg, *Address,* 152 Shaw St.

R. J. N. Tall, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56206 *Office of Registrar of Vital Statistics.* Ward 20 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth E Ingram

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 1 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Slaughter St

Cause of Death, First, (Primary,) Scarlet-Fever

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 19

Undertaker, Walter Imm

Place of Business, 315 W Biddle

R J Hand M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57207 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1892

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carroll

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Ten *Years,* *Months,* *Days.*

Color. Black

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northumberland Cty Pa

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 211 Aisquith St.

Cause of death, First, (Primary.) Acute Rheumatism

Second, (Immediate.) Peri Carditis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19

Undertaker, H Ross

Place of Business, 95 Monument St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Schmuck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} № 386 Fort. st

Cause of Death, First, (Primary,) Croup (Membranous)

Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 20th/82

Undertaker, Julius Kohler

Place of Business, Sharp & Lexco

D. L. Baddenbohn M. D.
Medical Attendant.

Address, 66 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57209 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hickman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 S. Stafford St.

Cause of Death, First, (Primary,) Aortic insufficiency

Second, (Immediate,) Anasarca

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, April 19. 1882

I, H. Granville Peck M. D., Medical Attendant.

Undertaker H. Saunders & Son

Place of Business, 252 Canton Ave. Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley G. Buddenbohm

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 279 N. Dallas st

Cause of Death, First, (Primary.) Croup (Membranous)

Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, Tomorrow April 20

Undertaker, J. Miller

Place of Business, 21 Hanover

Chas. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56211

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hildebrand

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 62 S. Central Ave

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) General Debility

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, April 19th 1882

A Frazier Shortter M.D.,
Medical Attendant.

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brooks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 44 Years.

Place of Death, {Give street and number} 168 - High St - (M)

Cause of Death { First, (Primary,) Congestion of Brain - Second, (Immediate,) Paralysis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 20th 1882

Chas. A. Tiles M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St. *Address,* 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56,213 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Jno. W. Newker

Sex. Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or *Widower.* (Cross out the word not required in this line.)

Occupation, Boiler Maker

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Philadelphia

Duration of Residence in the City of Baltimore, 54 years

Place of Death, (Give street and Number.) Mount Clare Boiler Shops.

Cause of Death, First. (Primary.) Rheumatism of the Heart

Second. (Immediate.) 10 Minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem.

Date of Burial, Apr. 20 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,*

Alexander Finley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18 April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Anderson Whinnette

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, at home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} Hat Lanland No 356

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Blood Poisoning

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 20 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56215 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Noland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty *Years,* Seven *Months,* Eighteen *Days,*

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania ✓

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and Number.} No. 90 N. Paca St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Apr. 20th 1882

Undertaker, J B Cook

Place of Business, 707 W Balto St.

J. Tyson Smith M. D.,
Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56216 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th. 1882 & 1:45 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* Four *Months,* Five *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} No 102 Boyd Street.

Cause of death, First, (Primary.) Scarlet-fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 21st 1882

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Wm M Alderdice, M. D., Medical Attendant.

Address, N.E. Cor. Columbia and Carey Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56217

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gridley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 129 N. Eden St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, March 20-1882

Undertaker, Geo. Schilling

Place of Business, Lexington & Fulton

A. E. Hopkins M.D.,
Medical Attendant.

Address, 137 N. Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 76218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Beker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, Cigar Maker

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 283 Orleans St

Cause of Death, First, (Primary.) Tuberculosis Pulmonary

Second, (Immediate.)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Miers Cemetery Phil. Road

Date of Burial, April 20th 10 o'clock

Undertaker, Wm Schilling

Place of Business, Aisquith & Hamilton Sts *Address,* 2 N Broadway

R W Cattell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 56219 *Office of Registrar of Vital Statistics.* Ward 5 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W Soule

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the Word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and Number.} 48 Chew St

Cause of Death, {First, (Primary,) Pneumonia
Second, (Immediate,) Typhoid condition

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician

Place of Burial Holly Cross Cemetery

Date of Burial, April 20th

{*Undertaker,* Geo Schilling
Place of Business,} *Address,*

A R Sudd M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56220 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levi Pearson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 16 *Years.* One *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~born~~ Virginia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and Number. } 24 Stockholm St

Cause of Death, { First. (Primary.) / Second, (Immediate.) } Brights Disease of Kidneys

Duration of Last Sickness, 4 Mos

All the above Information should be furnished by the Physician.

Place of Burial Sharp st cemetery

Date of Burial, April 19 1882

Undertaker, Hercules Ross

Place of Business, 95 Conways St

Jno. D. Blake M. D., Medical Attendant.

Address, 168 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 19 1932
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine Brack

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, since a child ✓

Place of Death, {Give street and number} 12 Valley St

Cause of Death First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday 20th

Undertaker, H. H. Hoffman

Place of Business, Eden St

Robert B Morrison M. D.
Medical Attendant.

Address, 156 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 67222 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Sept. 11th~~ April 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily M. McO'Brien

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 3 *Months,* 7 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} No 2 Morris Alley.

Cause of death, First, (Primary.) Pulmonary Tuberculosis.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 20th of April.

Undertaker, Chas. T. Seizer

Place of Business, 211 N. Eutaw St.

A. Rickert, M. D.,
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56223 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Compton.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 305 Hamburg St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, April 19. 82

Undertaker, Abf Heemes

Place of Business 1160 Clement St

C W S Booze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 18 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 15 *Days.*

Color, Blk *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State of country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 Year 15 days

Place of Death, {Give street and number.} 69 Orchard St

Cause of Death, First (Primary,) artificial food

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shanfot Cemetery

Date of Burial, April 19, 82.

Undertaker, Sig Hensley

Place of Business, 116 Orchard St

Herbert Harlan M. D.
Medical Attendant.

Address 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of such death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED APR 20 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Bisco

Sex, Male or Female, { Cross out the words not required in this line. }

Age, Four *Years,* One *Months,* Fifteen *Days*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } St Inigo's County Md

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, { Give street and number. } 47 Welch alley

Cause of Death, { First (Primary,) Dyptheria

Second (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, April 20th 1882

Undertaker, or Place of Business, Mary S. Bisco 47 Welch alley

Jeffries M.D.
Medical Attendant.

Address, 168 Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56226 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heidie L. Peterman

Female

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Four (4) *Years,* Five (5) *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 244 E Madison St

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 April

Undertaker, Adam Fink

Place of Business, 61 N Gay St *Address,*

I. E. Blaur *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36227

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Laughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 63 McKim St.

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 20th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av *Address,*

Dr. Brooke Boyle M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56228 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Edward Byrne

~~*Sex,*~~ *Male* ~~*or Female,*~~ (Cross out the word not required in this line.)

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* (Cross out the word not required in this line.) ✓

Occupation, Labourer

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Ireland Seven Weeks

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) University

Cause of Death, First. (Primary,) Phthisis and dilatation of heart

Second. (Immediate.) Heart Clot

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial Elkridge Landing

Date of Burial, April 19th 1882

Undertaker, Jos R Cook

Place of Business, No 707 N. Gay Street

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2646 Trans [OVER.]

Board of Health, City of Baltimore,

Permit No. 56429

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 19 1882

CERTIFICATE OF DEATH.

Date of Death, Apr 18 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Tilburn

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, Black.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, {Give street and number.} 144 Sarah Ann

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Asthenia

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cemetery

Date of Burial, Apr 19 1882

Undertaker, William Murphy

Place of Business, No 62 East St

Herbert Harlan M.D.,
Medical Attendant.

Address, Balto Co Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56230

HEALTH DEPARTMENT
APR 19 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis R. Pritchtel.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 276 Lamade St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Blood-poisoning. —

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Wm. A. R. Sellman M. D.
Medical Attendant.

Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special

Board of Health, City of Baltimore.

Permit No. 56231

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18 — 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Meyer

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 43 *Years.* *Months.* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Barkeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, — 14 years

Place of Death, { Give street and number. } Nicholson nr. Cookson rd, Locust Point

Cause of Death, First, (Primary.) Cirrhosis Liver

Second, (Immediate.) pulmonary Tuberculosis

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Mareta Towns. Signed J. L. Davidson M.D.

Medical Attendant.

Date of Burial, April 20. 1882

Undertaker H. Sauder & Son

Place of Business, 202 Canton Ave *Address,* 8 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attentio

Board of Health, City of Baltimore,

Permit No. 56432 — *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Zeltsman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Nine *Years,* Six *Months,* ——— *Days.*

Color, Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 116 Jasper St.

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Convulsion

Duration of Last Sickness, Four years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 19

Undertaker, C. Watson

Place of Business, 109 Howard St.

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attent

Board of Health, City of Baltimore,

Permit No. 56233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 18th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Ella V Hughes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 122 Dyer ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, about 1 wk

All the above Information should be furnished by the Physician.

Chas was assisted Parker Fritts at time of death 4th Apr

Chas was sick 1 hr

Place of Burial, Laurel

Date of Burial, April 20

Undertaker, W H Chase

Place of Business, Howard c

Wm F Lockwood *M. D.*

Medical Attendant.

Address Park Ave & Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Nannie Green

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 N. Calhoun St

Cause of Death, {First (Primary,) Diptheria / Second (Immediate.) Paralysis of air passages & blood poisoning

Duration of Last Sickness, 11 days

All the above Information should be furnished by the Physician.

Place of Burial, New Asbury Cem E. H. Holbrook M. D.

Date of Burial, Apr 20" 1882 Medical Attendant.

{*Undertaker,* Denny & Mitchell *Address* 185 N. Liberty St

{*Place of Business,* 556 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 56235 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert B. Osterlack

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 25 Years, *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 61 Burns St

Cause of death, First, (Primary,) Typho Malarial

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21st

Undertaker, Geo Schilling

Place of Business, Ashland Square

Geo Keyser M. D.,
Medical Attendant.

Address, Calvert Warehouse

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore,

Permit No. 56236 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 20. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) John Luber, Sr.

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 71 *Years,* *Months,* *Days.* 1

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation, Baker

Birthplace, (State or country and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, (Give street and Number.) 242 N. Central Ave.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, April 21 1882

Undertaker, Henry Hoeltzel

Place of Business, 319 N. Central Ave

E. B. Fauth M. D.,
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56237.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Levin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* Eleven *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 88 Hanover Street

Cause of Death { First, (Primary,) Meningitis
, Second, (Immediate,) Collapse

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Sinai Cemetery

Date of Burial, Apr 20/82

Undertaker, M. S. Goldsmith

Place of Business, [illegible] *Address,*

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56238 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Louise Jiet.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 38 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ann Arundel Co Md.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, { Give street and Number. } 46 Cross St

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 20th

Undertaker, B. Hale

Place of Business, No. 82 West st.

Jno Gundel M. D.,
Medical Attendant.

Address, 190 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56239

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 115 Hampstead

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem

Date of Burial, April 20. 1882

Undertaker, Wilson & Lungee

Place of Business, 62 East St

D H Mitchell M.D.,
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32240 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Calvert Vancourt.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 23 N. Gay St.

Cause of death, First, (Primary,) Malarial Fever & Pneumonia

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 20/82

Undertaker, Wm H. Huckman

Place of Business, 1 2241 Gay St

Edwd P. Miller M. D.,
Medical Attendant.

Address, 169 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37241 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathan Greenebaum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 157 Orleans St.

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) asthenia & old age

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, April 20th 1882

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Jno. S. Lynch M. D.,
Medical Attendant.

Address, No. 1. S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56242 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Thomas Hemmer

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } √

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 138 Battery av

Cause of Death, { First, (Primary.) Meningitis / Second, (Immediate.) Convulsions

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery,

Date of Burial, April 12

Undertaker, B Hall

Place of Business, 82 West

H. B. Stolle M.D.,
Medical Attendant.

Address, 80 Hanover av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56243 *Office of Registrar of Vital Statistics.* Ward 12 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Johnson & Henry Smith Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 4 *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Morris Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial. April 20 " 1882

Geo. W. Graham M. D., Medical Attendant.

{*Undertaker,* David Stanford

Place of Business, 4 Jordan Alley} Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56244 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 18 '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Farquharson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 71 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 37 Aisquith St.

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 21st 1882

Undertaker, Thos S Hughes

Place of Business, 141 E Baltimore St

Jno. D. Monmonier M.D.,
" Medical Attendant.

Address, 324 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 36245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S OFFICE
APR
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia H. Decker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67 *Years,* 6 *Months,* 19 *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 63 Cumberland St

Cause of Death { First, (Primary,) Elephantiasis
Second, (Immediate,) Heart Disease & Dropsy

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 20th 1882

Undertaker, J. E. Hough

Place of Business, Penna av

Geo. W. Toms M. D.
Medical Attendant.

Address, Hutton & Perkman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56246

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th '82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Barrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} cor Bath & Mount

Cause of Death, First, (Primary.) Organic Heart Disease

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One year & a half.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem'y

Date of Burial, Apr 21st 1882

C. O'Donovan M.D.,

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 115 W. Monument st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56247 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Hannah H Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, President Peoples Bank

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Mass.

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and Number. } Parsonage in front of 410 W Baltimore St

Cause of Death, { First, (Primary,) } General debility
{ Second, (Immediate.) }

Duration of Last Sickness, 1 week 2 1/2 months 4 days in last sickness

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cem

Date of Burial, Apr 22" 1882

Undertaker, Feeny & Mitchell Alexander Duncan M. D.,

Place of Business, 550 W Fayette St *Address,* { Medical Attendant. } Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Arthur Rigby

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Insurance Agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 438 Madison Ave

Cause of Death, First, (Primary,) Fatty degeneration of Heart

Second, (Immediate,) Fainted after sudden exertion & Died

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr 21st 1882

Undertaker, Denny & Mitchell

Place of Business, 520 W Fayette St

E. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

Board of Health, City of Baltimore.

Permit No. 56249 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR. 20. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 18th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Sarah R Smith

Sex, Male or Female, (Cross out the word not required in this line.)

Age, ____ Years, 3 Months, — Days

Color, Black

Married, Single, Widow or Widower, (Cross out the word not required in this line.) ——

Occupation, ——

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give street and Number.) 11 Hagers Court

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20, 1882

Undertaker, Charles J. White

Place of Business, 38 Hanover St

Silas M Hunter M.D.
Medical Attendant

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 56250 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jackson Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,*

Color, colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} widower

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Parish Ally below Saratoga Last

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmo

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial. Sharp St Cem

Date of Burial. April 21 1882

Geo. W. Dorsey M. D.,
Medical Attendant.

Undertaker, A Nevins Co

Place of Business, 116 Orchard St

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended doring his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56257 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrika Lang

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower;*~~ { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany (7 yrs in America)

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } Hospital Hospital

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Hemoptysis

Duration of Last Sickness, about 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 21 "1882

Undertaker, Geo Laimbach

Place of Business, 389 W. Pratt St *Address,* [illegible]

Otis F. Hutton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 4 Prospect Lane

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetry

Date of Burial, 21st of April

Undertaker, Adam Fink

Place of Business, 461 W. Fay St

J. H. Bolton M. D.

Medical Attendant.

Address S.E. Corner Fayette & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Bell Wild

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 Pierce St

Cause of Death, First, (Primary,) Membranous Croup.

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 21. 1882

Undertaker, Wm. P. Kimmel

Place of Business, 317 Mulberry St.

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 137 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36291 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 20 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Queen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 239 Dover St

Cause of Death, First, (Primary,) ———
Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, W. Pub. Cem'y

Date of Burial, April 18th 1882

Undertaker, F. A. Kirchner

Place of Business, S. Carrollton Ave

Geo. W. Dixon M.D.,
Medical Attendant.

Address, Commissioner of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56255 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dunlevy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 45 years.

Duration of Residence in the City of Baltimore, 16 E Pratt.

Place of Death, {Give street and Number.} Loco-motor Ataxy.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate.) 6 years.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 22nd 1882

Undertaker, John Lake

Place of Business, no 166 Balto St *Address,*

A K Steuart M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 5625 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 188 Preston St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, I only saw this case once. Several weeks ago & know nothing of her history

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr. 20 1882

Undertaker, Wm. Leitch Jr.

Place of Business, 59 Lombard

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Numerical Table and to Rule of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56257 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Roeben

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 16 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Oldenburg)

Duration of Residence in the City of Baltimore, 18 days

Place of Death, {Give street and number.} 52 Paterson Park Av.

Cause of death, First, (Primary,) Pleurisy

Second, (Immediate,) .....

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, April 21 1882

Undertaker, H. Saunder & Son

Place of Business, 252 Caroline Ave. *Address,* 12 S. Eden St.

L D Brewer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 6 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56258 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 20 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Peebles

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all

Place of Death, { Give street and Number. } 254 West Pratt

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20

Undertaker, H Ross

Place of Business, 95 Conway St

C. W. Booze M. D.,
Medical Attendant.

Address, 206 Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56259 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Flaherty

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~. *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} ~~Corner of Bond~~ 110 N. Townsend.

Cause of death, First, (Primary,) Cancer of Breast.

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 22nd 1882

Undertaker, Chas F Scriven

Place of Business, 271 N Eutaw st

A Lane Tompkins M. D.,

Medical Attendant.

Address, 129 N Eddall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56260 *Office of Registrar of Vital Statistics.* Ward 6 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Harrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 75 Chapel St Court

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Summers Run Balto County

Date of Burial, April 21 - 1882

Undertaker, W. H. Madden

Place of Business, 46 East [illegible]

A. J. [illegible] M. D.,
Medical Attendant.

Address, 253 E [illegible] ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2628 Bus [OVER.]

Board of Health, City of Baltimore,

Permit No. 57261 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Amelia Robertson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years.* 4 *Months.* 6 *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 389 Light St.

Cause of death, First, (Primary.)

Second, (Immediate,) Pulmonary Tuberculosis.

Duration of Last Sickness, about 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, April 22

Undertaker, B. Hoile

Place of Business, 82 West St.

R. L. N. Tall, M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56262 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Lusk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 161 Balto

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, 30 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 21

Undertaker Armstrong & Lemmon

Place of Business, Eutaw & Mont'gy *Address,* 416 Hanover st

Theodore Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dennis Coates

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 106 East St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22. 1882

Undertaker, Wm. H. Stickman

Place of Business, 234 N. Gay St

E. C. Baldwin M.D.

Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56264 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clif. Baker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 Years, *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rhode Island

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Balt. Infirmary

Cause of Death, First, (Primary.) Hypertrophy of Prostate Gland

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 21 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,*

Alan P. Smith M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56265 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McCoy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* 3 *Days.* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Employee B & O. R. R. Balto

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 17 Penn St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 22d 1882

Undertaker, John J Meaher

Place of Business, 150 Camden St

Edwd. F. Michael M. D.,
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56266 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrad Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, — Barber —

Birthplace, {State or County and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 44 Low Shot

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) for

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday April 23rd

{*Undertaker,* H. Hofmann

{*Place of Business,* 63 N. Eden st

G A Johnson M.D.,
Medical Attendant.

Address, 86 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules [illegible] this Certificate.

Board of Health, City of Baltimore,

Permit No. 56467

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 21 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. T. Foss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 103 Camden St Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 103 Camden St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Cyanosis caused by Valvular Insufficiency

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 24th

Undertaker, Wm. J. Tribner

Place of Business, 130 Camden St

..... *M.D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56268 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dougherty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 90 York st

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, Apr. 23rd 1882

Undertaker, C. F. Krause.

Place of Business,

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Poe

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 62 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} E. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} W Fayette Street

Cause of Death, First, (Primary.) Consumption & Hemiplegia

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Ralph's Mill Queen Anne County

Date of Burial, April 12th 1882

Undertaker, Wm Weaver

Place of Business, 1220 N Eutaw

Richard Lee Shreve M.D.,
Medical Attendant.

Address, 189 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56200

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stone Cutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } In the Run near Valley

Cause of Death, { First, (Primary.) / Second, (Immediate.) Pneumonia

Duration of Last Sickness, Over Two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 22d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

Chas A Doremus M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56271 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found April 19th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Unknown

Sex, Male or ~~Female,~~ (Cross out the word not required in this line.)

Age, 30 - 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.) unknown

Occupation, Sailor

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Unknown

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) In N Floating Dock E side of Falls Ave

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Accidental Drowning (Jury Verdict)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial C H Cemetery

Date of Burial, April 21

Undertaker, Patrick Mullin

Place of Business,

Dr. Edward R Walker M. D.,
Medical Attendant.

Address, Corner N & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT.
APR 21 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Jackson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* about 17 *Months,* — *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 21 State St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, April 22d 1882

Undertaker, Chas Jones

Place of Business, Park Ave

Wm B Kidd M.D.,
Medical Attendant.

Address, 59 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56273 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Theodore Byer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 246 S Dallas St.

Cause of death, First, (Primary.) Scarlet Fever (Malignant)

Second, (Immediate,) .....

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, April 23rd 82

Undertaker, John C Schaub

Place of Business, 203 Aisquith St

John H. Rehberger M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56274 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years.* *Months.* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 39 years in America

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Dispensary Hospital

Cause of death, First, (Primary.) Cancer Uterus (Epithelioma Cervix -

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, April 22d 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo. A. Leakin M. D.,
Medical Attendant.

Address, 188 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 56275

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 21 1982
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Unknown body very much decomposed

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 50 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, — (Foot of Bond St

Place of Death, {Give street and number.} Patapsco River (Supposed =

Cause of Death, First, (Primary) Accidentally Drowned (Supposed)

Second, (Immediate.)

Duration of Last Sickness, Sudden Death —

All the above information should be furnished by the Physician.

Place of Burial, E / P Cemetery

Date of Burial, April 21

Undertaker, Patrick Mullin

Place of Business,

Chas M Morfit M.D.,
Medical Attendant.

Comer & C

Address, 63 S Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56276 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eustin C. Drew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 286 West St

Cause of death, First, (Primary,) Chronic Malarial Poisoning

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Dulaney

Date of Burial, April 23rd 1882

Undertaker, Geo Schilling

Place of Business, Baltimore

Medical Attendant. *M. D.,*

Address, 1 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56277 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Virginia Boston

~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 9 Jasper St.

Cause of Death, First, (Primary,) Tuberculous Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 22 82

Undertaker, Abt Hiemly

Place of Business, 116 Orchard St *Address,* 245 Saratoga St

Jose L. Romero M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 56278

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st ", 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Cleere

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since her Life

Place of Death, {Give street and number.} #119. S. Eutaw St.,

Cause of Death, First, (Primary.) Phthisis & Heart disease

Second, (Immediate.) Exhaustion from Anemia

Duration of Last Sickness, 7 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Forest Home Cemetry

Date of Burial, April 22th 1882.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

Jno. H. Norris M.D.,

Medical Attendant.

Address, 154 E. Balto. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56279 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schleicher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 260 S. Bond St.

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 23d 1882.

Undertaker, Leonard Kurz

Place of Business, 277 S. Bond St.

John H. Kehlinger M. D., Medical Attendant

Address, # 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Ward 12 4/4

Permit No. 56280 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

U. S. DEPARTMENT APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Graves.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years.* — *Months.* — *Days.*

Color. White -

~~*Married*~~, *Single,* ~~*Widowed or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} St. Vincent's Asylum -

Cause of death, First, (Primary.) Puerperal Peritonitis -

Second, (Immediate.) Rapid Blood Poison -

Duration of Last Sickness, 7 days -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 22nd

Undertaker, H. A. Kerdun

Place of Business,

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE

Date of Death, Apr. 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Douglass Folds

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Two *Months,* — *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 177 S. Dallis Street

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 177 S. Dallis St.

Cause of Death { First, (Primary,) Hereditary Asthma
Second, (Immediate,)

Duration of last Sickness, About 1 Year 2 Months — Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, April 27 end 1882

Undertaker, Geo. J. Zorbaugh

Place of Business, 73 Jefferson St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 50782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 mo 21 st dra 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte a Jurgerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va. C. Md

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} No 72 Short St

Cause of Death, {First (Primary.) Asthma / Second (Immediate,) Apnoea}

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 nd 1892

Undertaker, Thos J Fiske

Place of Business, 73 Jefferson st

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56283 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Istin B Logan Twins (Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Five months child

Age, Premature *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 E Eager St. ~~St Patricks Cemetery~~

Cause of death, First, (Primary,) 5 Months Child Breathed 2 hours

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, St Patrick Cemetery

Undertaker, J. B. Logan

Place of Business,

Wm. Wilbridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56284 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Pinkney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 44 Peach Alley

Cause of death, First, (Primary.) Pneumonia ✓

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23

Undertaker, H Ross

Place of Business, 95 Monument St

J. W. Thiele M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 36286

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Lee Walling

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Union Iowa Carroll Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number} In rear of 415 Penna Ave.

Cause of Death {First, (Primary,) Cerebral disease
Second, (Immediate,) Exhaustion

Duration of last Sickness, 20 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Union Town Cemetery Co. Md

Date of Burial, April 23

Undertaker, Walter Immell

Place of Business, 315 West Balto

Frank J. O'Flannery M. D.
Medical Attendant.

Address, N. E. Cor. Wilson & Division Sts Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2629 Frances

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21th of April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cristine Samstage

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia P. a.

Duration of Residence in the City of Baltimore, one Year.

Place of Death, {Give street and number.} No 208 South Band Street

Cause of Death, First (Primary,) Scall. fieber

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cemetri

Date of Burial, April 22 1882

Dr. Charles Koerner M. D.
Medical Attendant.

Undertaker, John Heinecke

Place of Business, 332 Orleans St Address nro 214 S. Bond str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 56287 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21th April 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Patera

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} Mr. Edery's street Nro 74.

Cause of death, First, (Primary.) Croup

Second, (Immediate,)

Duration of Last Sickness, 4. days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 23 1882

Undertaker, Henry Hoen

Place of Business, 317 N Central Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe str 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 36288

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 36288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Rosenstock

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 645 N. Battimore St.

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Chas. Scholem Cem.

Date of Burial, Apr. 23 1882

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St.

N. H. Luttell M. D.
Medical Attendant.

Address, 380 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Campbell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 10 Vine St.

Cause of Death { First, (Primary,) Scarlatina
, { Second, (Immediate,) ~~Diphtheritis~~ Laryngitis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 22 1882

Undertaker, S W Chase

Place of Business, 19 Howard Ave

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56290.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 22 1882
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pieper

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 57 Paca Street

Cause of Death { First, (Primary,) Cancer of the Stomach
Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 23d 1882

E. Tilley M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave *Address,* 194 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5629!

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 2 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grau Weitman

Sex, Male or Female, {Cross out the word not required in this line.} Boy

Age, 7 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, For life

Place of Death, {Give street and number.} 9 Centre Market Space

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, Apr. 24. 1882

Undertaker, D Rooney

Place of Business, 97 Orleans St.

D W Cathell M.D.,

Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5292 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Warnecke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 299 S. Bond St.

Cause of death, First, (Primary,) Scarlet Fever followed by

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, † Evangelical Cemy

Date of Burial, April 23

Undertaker, Wm. McAdams

Place of Business, 238 Aisquith

John H. Kelberger M. D.,
Medical Attendant.

Address, # 243 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56293 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 21- 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah Jane Potter

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, Fifty Eight *Years,* Five *Months,* — *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 84 S. Caroline St

Cause of death, First, (Primary,) Jaundice

Second, (Immediate,) Dropsy

Duration of Last Sickness, Two weeks ✓

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23rd 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 362914 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr. 20th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* 11 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 3 Hagers Court

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 Mos —

All the above information should be furnished by the Physician.

Place of Burial Asbury Evergreen Cemetery

Date of Burial Apr 22 1882

Undertaker, William N Dunger

Place of Business No 62 East St

Silas M Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 56295 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1

CERTIFICATE OF DEATH.

APR 1882 BALTIMORE

Date of Death, April 20 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Jefferson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married ✓

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give street and Number.} 301 in rear of Maryland Ave

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Apnoea

Duration of Last Sickness, About Six Days

All the above information should be furnished by the Physician.

Place of Burial Levan Cemetery

Date of Burial, Apr 23 1882

Undertaker, William Berger

Place of Business No 62 East Street

Geo A Lawler M. D.,
Medical Attendant.

Address, 220 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56296 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday April 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth G Zaleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 232 Constitution St

Cause of death, First, (Primary,) Pulmonal Tuber

Second, (Immediate,) Exhaustion ex.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 23d

Undertaker, H. C. Wiedefeld

Place of Business, 9 E Lexington *Address,*

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R. F. Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Northampton Co. Va

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 27 Park Av.

Cause of Death, { First, (Primary.) Abscess Stomach
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 5 mo

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co Eastern Shore Md

Date of Burial, Monday Apr 24th 82 M. J. Trugeth M.D.,

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 33 Park Ave.

Place of Business, Address, Wm T Mullen 56

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2630 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 7 Months, 8 Days.

Color, C

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 13 Parish alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 13 Parish alley

Cause of Death First, (Primary.) Erysipelas

Second, (Immediate,) Phthisis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 23 92

Undertaker, Chas Hemsley

Place of Business, 116 Orchard Pl

G. W. Amies M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56299 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Forman Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, ...

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fremont & Sewell St. S.C. Ct.

Duration of Residence in the City of Baltimore, During life -

Place of Death, {Give street and number.} as above

Cause of death, First, (Primary,) Arrested development of Pulmonary Artery.

Second, (Immediate,) Cyanosis.

Duration of Last Sickness, During life.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem't

Date of Burial, April 23d 1882

Undertaker, Andrew S. Hodges

Place of Business 104 & 106 Druid Hill Ave

S. Bickers M. D.,
Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56300 *Office of Registrar of Vital Statistics.* Ward 13 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hack

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* — *Months,* 2 0 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 48 Boyd

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April. 23

Undertaker, H Ross

Place of Business, Bond ave. 91

Thomas Cox M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56301

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mullenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 112 N Paca St.

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate.)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, April 23rd 1882

Undertaker, Diedrick Wiegand

Place of Business, 166 Druid Hill Ave

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56302 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Servt

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 100 S Central Av

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, abt 5 month

All the above information should be furnished by the Physician.

Place of Burial, Dallas St cemetery

Date of Burial, April 23d 1882

Undertaker, Wm A Dungan

Place of Business, 862 Eutaw St

Geo. L. Kinnamon M.D.,
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

the Special Attention of Physicians to Accompanying

Board of Health, City of Baltimore,

Permit No. 56303 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 22d, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Eliza B. Hughes.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

Age, Sixty *Years,* — *Months,* — *Days.*

Color, White.

~~*Married, Single*~~, *Widow* ~~or *Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, About Thirty (30) years

Place of Death, {Give street and number.} No 98 Jefferson street.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Congestive Fever

Duration of Last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Middle River Neck, Balto County, Md.

Date of Burial, April 24, 1882

Undertaker, Michael Ballett

Place of Business, Baltimore County, Md.

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, #107 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2631 Transit

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56304 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wed 20 Apr

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ivy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 2 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1 Eutaw Ct

Cause of Death, First, (Primary.) Cy Colitis

Second, (Immediate.) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 24 1892

Undertaker, Hudkins Scipp

Place of Business, 151 S Bond St

F. L. Wirtz M. D., Medical Attendant.

Address, 19 S Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36305 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 o'c Friday Night April 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 1 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Baltimore

Duration of Residence in the City of Baltimore, Since his birth

Place of Death, {Give street and number.} Corner of Eutaw and Cambridge Sts

Cause of death, First, (Primary,) Meningitis Traumatic

Second, (Immediate,) Spasms and paralysis of heart

Duration of Last Sickness, 7 to 9 days

All the above information should be furnished by the Physician.

Place of Burial, The Old M. E. Com. Phila. Pa.

Date of Burial, Apl. 23rd 82

Undertaker, G. Frances

Place of Business, Bantz & Wolfe *Address,* 28 Penna Ave

J. E. Richard *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56306

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Schroeder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give street and number.} 118 N Washington St

Cause of Death, First, (Primary.) Cancer of the Womb.

Second, (Immediate.) do — Hemorrhage —

Duration of Last Sickness, about 2 years —

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, Apr. 23rd 92

Undertaker, G. France

Place of Business, Rambo & Wolf *Address,* 86 E. Fayette St

G A Dohme *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37307 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1892 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 22 / 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dignan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 384½ Hanover Av

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) consumption of the bowels 2 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, 4/24

Undertaker,

Place of Business,

Edward P. McDevitt M. D.,
Medical Attendant.

Address, 167 W Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel P. Elsine

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, thirty eight *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow or Widower;*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 91 Oak St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Said to be four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24th 1882

Wm. H. Green M. D.
Medical Attendant.

Undertaker, Chas. J. Scriven

Place of Business, 211 N. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 56309 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Uma Schaaf

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 32 Washington R

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Marasmus

Duration of Last Sickness, 14 Days

All the above Information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 24th 1882

Undertaker, J. B. Cook

Place of Business, W. Balto St

Jno. S. Blake M. D., Medical Attendant.

Address, 168 Race

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 5 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56310 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Widow Gray Register

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Physician

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About 15 Years

Place of Death, { Give street and Number. } 47 N. Calhoun St

Cause of Death, First, (Primary.) Organic disease of Heart

Second, (Immediate,) Uraemia

Duration of Last Sickness, About 7 Month

All the above information should be furnished by the Physician.

Place of Burial London Park Cemy

Date of Burial, April 24th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

W. R. McKnew M. D.,
Medical Attendant.

Address, 582 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56311 *Office of Registrar of Vital Statistics.* Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

Date of Death, April 21st 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Katharine Leimbach

~~*Sex, Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, 76 *Years.* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ (Cross out the word not required in this line.)

Occupation, ——

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, (Give street and Number.) 288 S. Bond

Cause of Death, First, (Primary.) old age

Second, (Immediate.) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial St. Pauls. Penn

Date of Burial, April 24 1882

Undertaker, H. Sander & Son

Place of Business, 262 Canton Address, 254 Baltimore

J Huthinson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57312

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, ... *Years,* — *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 60 Cutler St 1860.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Ins mes

Duration of Last Sickness, 14

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonzus Cemetery

Date of Burial, April 24th 1882.

Undertaker, Leonhard Fürst

Place of Business, 1 Boon Street 272

E D Preston M.D.,

Medical Attendant.

Address, 32 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16313 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

Date of Death, April 24th 1882

Full Name of Deceased? (Write legibly and spell correctly. If an Infant not named, give names of parents.) Parents WC & Mollie Pierman

Sex, Male or Female, (Cross out the word not required in this line.) Male

Age, — *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) —

Occupation, —

Birthplace, (State or country, and how long in the United States, if of foreign birth.) 32 St Peter St

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) 32 St Peter St

Cause of Death, First, (Primary.) Ignorance of midwife

Second, (Immediate.) Umbilical Hamorhage

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th 1882

Undertaker, John Mackin

Place of Business, No 150 Camden

Jno S. Blake M. D., Medical Attendant.

Address, 168 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — 30 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washer-woman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Carlisle, Pa.

Duration of Residence in the City of Baltimore, About seventeen years

Place of Death, {Give street and number.} 280 E. Howard St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Cardiac Dropsy (Probable)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 24th 1882

Undertaker, William Mauger

Place of Business, No 62 East St

Wm B. Kent M.D.,

Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56315 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erick Olai -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 21 *Years* *Months,* *Days.*

Color, White -

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month -

All the above information should be furnished by the Physician.

Place of Burial, East Balto Cemetery

Date of Burial, April 24

Undertaker, Mr P Mullin

Place of Business,

J. Fraser Thomas M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56316 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 28 Gulford Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Strafford Street

Date of Burial, April 24 1882

Undertaker, J. Cook Davis

Place of Business, 103 Lee St

H. S. Booze M. D.,
Medical Attendant.

Address, 206 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56317 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Swick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 258 Pennsa ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Breast

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemet

Date of Burial, April 25th 1882

Undertaker, W. A. Davis

Place of Business,

Wm. H. Brown M. D.,

Medical Attendant,

Address, Comm. of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Frost

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Argyle ave 268

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) do

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 25th 1882

Undertaker, Wm Weaver

Place of Business, 202 E Eutaw

J. J. Bacon M. D.
Medical Attendant.

Address, 21 Arlington ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56319 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Edward Hoyt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1/2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 260 Aliceanna St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 25th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna *Address,* Comm'rs of Health

Geo. N. Benson M. D.,
Medical Attendant

Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56320 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1892 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. H. Linn

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 175 Hollins St

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Heart Clot

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, April 24

Undertaker, H. C. Weisfeld

Place of Business, ——

D. Stull M. D.,
Medical Attendant.

Address, 111 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56321 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christopher C. Maddox

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Richmond Va.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and Number. } 686 Saratoga St

Cause of Death, First, (Primary,) Weakness General

Second, (Immediate,) Softening of the Brain

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, Apr. 25th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

W. W. Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta M. L. Wallis.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 121 Camden St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 25th 1882

Undertaker, Wm. J. Tickner

Place of Business, 136 Camden st

Louis N. Knight M. D.
Medical Attendant.

Address, 112 N. Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore,

Permit No. 56323 *Office of Registrar of Vital Statistics.* Ward 9 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Mans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Courtland St

Cause of death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Govenstown St Mary Cemetery

Date of Burial, April 25

Undertaker, George Schilling

Place of Business, Ashland Square

Geo B Keyworth M. D.,
Medical Attendant.

Address, Calvert Mansion

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia V. Rupp.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Orleans La.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 292 Carlton Ave.

Cause of Death First, (Primary,) Phthisis pulmonalis.

Second, (Immediate,) —

Duration of last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Apr 24 82

W. H. R. Sellman M. D.
Medical Attendant.

Undertaker,

Place of Business,

STEWART & HOWEN UNDERTAKERS 50 & Park Ave.

Address, 249 Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17329 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 23th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fairfax

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 24 Gay St

Cause of Death, First, (Primary.) Labor

Second, (Immediate.) Metritis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial April 24th 1882

Undertaker, Wm H. Hickman

Place of Business, 16 234 W Jay

J. H. Branham M. D.,
Medical Attendant.

Address, 357 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 57326 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Thomas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 13 months

Place of Death, {Give street and Number.} 209 Raborg St.

Cause of Death, First, (Primary.) Cerebro-Spinal Meningitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Apr 24 1882

Undertaker, Wilbur Dorsey

Place of Business, No C East St

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bean

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery

Date of Burial, April 24/82

Undertaker, Fry & Pue

Place of Business, 20 Broadway

Chas. Jarrett M. D.
Medical Attendant.

Address, 92 Aliceson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 56328 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE REGISTRY DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Thomas (Mother)

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 Months ~~Days.~~

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 14 N. Mount St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 14 N. Mount St

Cause of Death, First, (Primary,) Thrown into the sink by its mother

Second, (Immediate.) Verdict of Jury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Western Public Cemetery

Date of Burial, April 22/82

Undertaker, Frank A Kirchner

Place of Business, 50 N Carrollton Ave *Address,* Corner

Alexander Finley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 6 Page 2 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56329 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Winter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, forty (40) years

Place of Death, {Give street and number.} 700 W. Pratt St

Cause of death, First, (Primary,) Strangulated Hernia

Second, (Immediate,) Collapse

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, April 25th

Undertaker, J. J. Linnert

Place of Business, 317 Mulberry St.

H. L. Shien M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56330

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Biden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Market Man -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 379. W. Lombard St.

Cause of Death, {First (Primary,) Chronic Malaria

{Second (Immediate,)

Duration of Last Sickness, about One year -

All the above information should be furnished by the Physician.

Place of Burial, London Park Ct

Date of Burial, April 25th 1882

Undertaker, John Mackie

Place of Business, No 150 Camden St

Samuel H. Henry. M. D.
Medical Attendant.

Address Bond Hill, Ave Extended

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56331 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara M. Emrich

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Ten *Years,* Eight *Months,* Seven *Days,*

Color,

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No. 212 Barre St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, April 25th 1882

Undertaker, John Slacker

Place of Business, No 150 Canden

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 36332

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 24 1902 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Baker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 23 Walnut Al

Cause of Death {First, (Primary,) Double Pleurisy
Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 26

Undertaker, Walter Immel

Place of Business, 315 W Biddle

Frank J Flannery M. D.
Medical Attendant.

Address, N.E. Cor. Wilson & Dunnion City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. BUTLER & CO., CITY PRINTERS AND STATIONERS

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 56333 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24th — 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary —

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} asylum (St. Vincent's Infant)

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Vincent's Asylum —

Cause of death, First, (Primary,)

Second, (Immediate,) Insanities —

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, April 24/82.

Undertaker, Pat. Hunt.

Place of Business, asylum

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem ave and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56334

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, abt 35 yrs

Place of Death, {Give street and number.} 2565 Caroline Street

Cause of Death, First, (Primary.) 1 Phthisis Pulmonalis

Second, (Immediate.) 2

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, April 25th 1882

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

Chas H. Mott M.D., Medical Attendant.

Coroner

Address, 62 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56335

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert C. Graham

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 105 Pine St.

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 25th 1882

J. Gilman *M. D.*
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of ... is called to ... County ...

Board of Health, City of Baltimore,

Permit No. 56336 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Murray

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 219 Raborg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cemetery

Date of Burial. April 25th 1882

Undertaker, W. H. Duncan

Place of Business, East St

Geo. W. Benson M.D., Medical Attendant

Address, Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56337 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Kabernagel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, book Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} N. 159 Columbia ave

Cause of Death, First, (Primary.) Intense Otitis

Second, (Immediate.) abscess cerebri

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial April 26th 1882

Undertaker, H Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 163 W Lombard

Henry Saher *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56338 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Benezet.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 138 S. Broadway

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Scarlet fever.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery.

Date of Burial, April 26 1882.

Undertaker, Erhard Schlenker

Place of Business, 214 Eastern Ave.

George H. Rohé, M. D., Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Conrad.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } (450) Baltimore, Madison Ave

Cause of Death, { First, (Primary.) Bright's Disease

Second, (Immediate.) Asthenia.

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 25th 1882

Alan P. Smith M.D.,

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 58 Park Ave. *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56,340 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hueman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days,*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3-4

Place of Death, {Give street and Number.} 122 Hamburg St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 26

Undertaker, B. Kealy

Place of Business, 82 West St.

E. E. Ellis M. D.,
Medical Attendant.

Address, 313 E. Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16341 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. April 24 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna maria Salmotoch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age. 7 *Years,* *Months,* *Days.*

Color. white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs -

Place of Death, {Give street and Number.} 208 S Bond st

Cause of Death, First, (Primary,) Malignant Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 24 hrs -

All the above information should be furnished by the Physician.

Place of Burial Lutheran Cemetery

Date of Burial, April 25 1882

Undertaker, John Heaney

Place of Business, 382 Orleans St *Address,* 117 S. Broadway

R. D. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56342

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th April 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Maxwell Proctor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent Co Md.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number. } 58 N. Poppleton St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever.

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 25th 82

Undertaker, Wm P. Kümmert

Place of Business, 211 Mulberry St *Address,* 380 W. Fayette St.

N. W. Littell, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on the Back of this Certificate.

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Carson Schnitbe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 24 Collins St.

Cause of Death First, (Primary,) Phthisis pulmonalis.

Second, (Immediate,) " "

Duration of last Sickness, 3 years.

All the above luformation should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr 26th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

W. H. B. Selman M. D.
Medical Attendant.

Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention

Board of Health, City of Baltimore,

Permit No. 56344 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found. April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 - 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and Number.} Found floating Patterson St Dock

Cause of Death, First. (Primary.) Accident

Second. (Immediate.) Drowning (Coroners Verdict)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore Cemetery

Date of Burial, April 24

Undertaker, Mr P Mullin

Place of Business,

Edmund Rowlett M. D.,
Medical Attendant.

Address, Known M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 56345

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Foley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 122 S. Fulton St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, about 10 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 26th [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Small

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 14 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va. Four years

Duration of Residence in the City of Baltimore, 13 Dickeman St

Place of Death, { Give street and number. }

Cause of Death, First, (Primary.) Ty Fever & Sore

Second, (Immediate.) throat three (3) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apr 25 1882

Undertaker, William N Benzee

Place of Business, No 62 East Street

J. A. Steiner M.D.,

Medical Attendant.

Address, 41 46 Camy St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56347 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Crawford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 185 Dolphin St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 185 Dolphin St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, April 26

Undertaker, C F Blizzard

Place of Business, 198 Pen Ave

W. H. Warner M. D.,
Medical Attendant.

Address, Shocks Tavern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is invited to the Remarks below, and to [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56348 · *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Stites

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ---- *Months,* ---- *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 131 Register St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub'c Cem

Date of Burial, April 25th 1882

Geo. N. Dinsm M. D.,

Medical Examiner.

Undertaker, P. Mullin

Place of Business,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, [illegible] of birth, and [illegible] of foreign parentage. [OVER.]

No. 131 Register St

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56349 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday April 24th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Bonner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington Co. Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 2237 Eden St

Cause of death, First, (Primary,) Calcareous Deposit on Pulmonary Arteries

Second, (Immediate,) with Chronic Bronchitis Exhaustion from Emaciation

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Washington Co Md

Date of Burial, April 25 1882

Undertaker, Wm. H. Stockman

Place of Business, 234 N. Gay

Wilmer Bonner M. D.,
Medical Attendant.

Address, 257 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Trans 2632 [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56350 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 4 1/4 o'clock A M Monday Apr 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lightner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 15 O Donnell St

Cause of death, First, (Primary,) Rheumatism of the heart

Second, (Immediate,) Valvular dilatation congestion

Duration of Last Sickness, 21 Weeks two days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Bur.

Date of Burial, April 26 1882

Undertaker, J. C. Saulter & Son

Place of Business, 202 Caroline Ave

J E Prichard M. D.,
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56351

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas MacDonnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 158 Canton

Cause of Death, First, (Primary.) Apoplexia.

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 27 1882

Undertaker, Henry Hooks

Place of Business, [illegible]

Hoffman *M.D.,*
Medical Attendant.

Address, 57 Edgewood

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Respectfully refer to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 25 1882

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Bowen

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Spinster

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 Hanover St

Cause of Death, { First, (Primary.) Old Age

Second, (Immediate.) 3 Hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Geo. H. Benson M.D.,
Medical Attendant.

Place of Burial, Balto Cem

Date of Burial, April 26th 1882

Undertaker, Armstrong & D

Place of Business, 263 Light St, *Address,* 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 56355

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Manda (Amanda) Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number} West Lombard St 654

Cause of Death, First, (Primary,) consumption or

Second, (Immediate,) Pulmonia Pethethas

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26 to 1882

Undertaker, Wm H Hickman

Place of Business, 1 D 234 Jay St

E H Cullis M. D.
Medical Attendant.

Address, 157 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56354 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 26 1882 BALTIMORE, MD

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 82 Goodman's Alley

Cause of death, First, (Primary.) Tabes Mesenterica

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial April 26 1882

Undertaker, H Rossman

Place of Business, 95 Conway st

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56351 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 26 1982
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hessnauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and Number.} 325 Aliceanna St

Cause of Death, First, (Primary,) old age & immobility

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 27th 1882

Undertaker, Leonhard Kurz

Place of Business, 222 S. Bond St.

R. N. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56356

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Rachel

Sex, Male or Female, { Cross out the word not required in this line. } Femal

Age, 6 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } E Monument St Corner of Duncan alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Ft Mathias County

Date of Burial, Apl 26th 1882

Undertaker, G Rasin

Place of Business, 97 Orleans St *Address,* 2 N Broadway

D M Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56357. *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Louisa M. Moran

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 50 *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation, Housekeeper

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto. County Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, (Give street and Number.) 28 E. Balto. St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Oedema General

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial St Vincents

Date of Burial, April 26 1882

Undertaker, Jas. P. Byrne

Place of Business, 63 Front

Francis J. Lewis M. D.,
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56358

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 26 1882

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dickerson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 48 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 55 Arch Street

Cause of Death, First, (Primary.) Cancer of Mamma

Second, (Immediate.) 4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, April 26 1882

Undertaker, W. H. Clare

Place of Business, 645 W. Lombard St

Hector H. Goodman *M.D.,*

Medical Attendant.

Address, 645 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Keepers of Cemeteries &c.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
APR 26 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Meeks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince George Co. Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 243 E. Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate.) Uraemia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 2nd 1882

Undertaker, John Shuster

Place of Business, Pearl Corner

Peabody Hr. Hooker, *M.D.,*
Medical Attendant.

Address, 265 W Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56360 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Greve

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 1017 Bible Alley

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Five (5) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27th April

Undertaker, Adam Fink

Place of Business, 461 W. Gay St. *Address,* [illegible]

J. H. Steiner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries and City ...

The Special Attention o ...rgys. ... Is Respec... ...y ...ested to the ... to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56361 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Anna Wilson (Parents)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 62 Stockholm St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th 1882

Undertaker, J. B. Cook

Place of Business, W. Balto St

Geo. W. Dunn M. D.,
Medical Attendant.

Address, Comm. of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers

No. 56364

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty seven *Years,* — *Months,* — *Days.*

Color, Col —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West river (Maryland)

Duration of Residence in the City of Baltimore, Forty fifth years

Place of Death, {Give street and number} No 322 Hamburgh st

Cause of Death { First, (Primary.) — Second, (Immediate.) Consumption

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1882

J. J. Stully M. D.
Medical Attendant.

Undertaker, Jno. R. McCoy & Co.

Place of Business, 422 W Fayette st *Address,* 136 South Hanover st

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56363.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 26 1882

CERTIFICATE OF DEATH.

Date of Death, April 24th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Bond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Between 2 & 3 *Years,* *Months,* *Days.*

Color, Colrd

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Between 2 & 3 years

Place of Death, {Give street and number.} 57 Union St

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate.)

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1882

Undertaker, Wm H Bishop Jr.

Place of Business, 97 N. Howard.

L. Uhler M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore [illegible]

The Special Attention of [illegible] Office whence issued [illegible] Lack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56364 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marg't Moren

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* about *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and Number.} 42 Conway St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Asthenia

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 27th.

Undertaker, F. N. Tovell

Place of Business, 131 Hanover St

Chas. Casey Thomas M. D., Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keep[illegible] [illegible] City of [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56365 — *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Link

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~six~~ Seven *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime n. side

Place of Death, {Give street and number.} Lombard St. 4th door West of Central Av

Cause of death, First, (Primary,) Heart-disease

Second, (Immediate,) Ascites

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem

Date of Burial, April 27th 1882

Undertaker, Leonard Ritz

Place of Business, 1298 Broadway

Walter Way M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention { Keepers of Ce... Baltimore will make returns of all ... } ... spectfully inspires to the ... ow, and ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56366

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah McLaughlin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, — none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City all her life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 524 Augusta Ave

Cause of Death, { First, (Primary.) Consumption of Lungs
Second, (Immediate.) do

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 27th

Undertaker, H. C. Wiegefeld

Place of Business, 90 Fremont Av *Address,* 86 E. Fayette St

G. L. Wohn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 26 1882

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Bardman.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and number. } 239 Eutaw St

Cause of Death, First, (Primary.) Lapsus

Second, (Immediate.) old age

Duration of Last Sickness, Confined to her Room about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27

Undertaker, Harold Liggett

Place of Business, 1 Bond St

G. A. Dorsey M.D.,
Medical Attendant.

Address, 239 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56368 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aprill. 25th 1. 30. p m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Winkler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 0 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} H.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten.

Place of Death, {Give street and number.} No 194. W. Pratt

Cause of death, First, (Primary,) Congestio

Second, (Immediate,) Apoplexy

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry

Date of Burial, April 27th 1882

Undertaker, A Rosenberger

Place of Business, 70 Lombard St

John C. Zitzer M. D.,
Medical Attendant.

Address, 160 Saratoga.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56369 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 26 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,*

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56370 *Office of Registrar of Vital Statistics.* Ward 7 C/G

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 26 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Charles Dumler

Sex, Male or ~~Female~~, {Cross out the word not required in this line}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltz Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 252 E. Eager St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, about fifteen days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 27 1882

Undertaker, Emy Tyson

Place of Business, 30 Central ave

(H. J. Mills) M. D., Medical Attendant.

Address, 259 Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56371 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 26 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Wendel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 11 *Days,*

Color, White

~~Married~~ Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 312 Cross St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 27th 1882

Wm Gombel M. D.,
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts. *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 5 6372 — *Office of Registrar of Vital Statistics.* Ward 9 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 25 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 25. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Musick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 yrs *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Pressman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 52 yrs,

Place of Death, {Give street and Number.} City Hospital. Calvert & Saratoga Sts.

Cause of Death, First, (Primary,) Gunshot wound. (Pistol) of Cranium

Second, (Immediate,) Inflamation & Extravasation

Duration of Last Sickness, 3 days. 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 26th 1882

Undertaker, Wm H. Huckman

Place of Business, 1102 3/4 W Saratoga

E. Bowles M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 56373 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Thomas

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 2 *Years,* ... *Months,* ... *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} N. E. Cor. Schroeder & Lexington

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) ...

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, April 28

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

Thomas Opie M. D.
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2634 Bennett

[over.]

Board of Health. City of Baltimore,

Permit No. 56374 *Office of Registrar of Vital Statistics.* Ward. 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26 =

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Mary E. Young

Sex, ~~Male or~~ Female, (Cross out the word not required in this line.)

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Md

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 178 E. Canal

Cause of Death, First, (Primary,) Scarlet

Second, (Immediate,) Paralysis cardiac

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 28th 1882

Undertaker, Peter Frey

Place of Business, 91 Eden Av

Address, [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56375 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Katharine Mennis

Sex, ~~Male~~ or Female, (Cross out the word not required in this line.)

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ (Cross out the word not required in this line.)

Occupation, Servant

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Ireland

Duration of Residence in the City of Baltimore, 8 years —

Place of Death, (Give street and Number.) University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem.

Date of Burial, Apr. 27 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56376

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariale Buhmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 383 S. Charles

Cause of Death, First, (Primary.) Cirrhosis of the Liver

Second, (Immediate.) Anemia & marasmus

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Saturday 29th 1882

Undertaker, B. Harle

Place of Business, 82, West st

J. O'Neill M.D.,

Medical Attendant.

Address, 68 Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57677 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Darlang

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 768 Light

Cause of Death, First, (Primary,) ~~Diphtheria~~ Diphtheria

Second, (Immediate,) ~~Croup~~ Diphtheritic Croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 27

Undertaker, B. Hearn

Place of Business, 82 West St.

Theodore Bruce M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56378 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Braxton

Sex, Male or Female, {Cross out the word not required in this line} Female

Age, Sixteen *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, School girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Martin Alley

Cause of death, First, (Primary,) Typhoid Malarial

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three & one half months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 27th

Undertaker, Henson & Upham

Place of Business, 27 & 29 Light St

I. D. Small M. D.,
Medical Attendant.

Address, 191 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56379 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 25th April 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joana Woznicka

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Denbo Kura, Posen Prussia

Duration of Residence in the City of Baltimore, 5 days.

Place of Death, {Give street and number.} Lancaster st. 99.

Cause of death, First, (Primary,) Convulsions.

Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Alpshouses Grave yard

Date of Burial, April 28. 1882 10 o'clock

Undertaker, John Brown

Place of Business, 224 S. Bethel Stre

William Hendel M. D.,
Medical Attendant.

Address, S. Wolfe st 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52380 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milcah E Hammett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 5 Parkin-st

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 29th 1882

Undertaker, Louis Schaefer

Place of Business, 109 N Frederick

H. L. Sluyter M. D.,
Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56381 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 — 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Lachell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State the country, and now long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and Number.} 85 St Elizabeth Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial. Mt Olivet Cemet

Date of Burial. April 28

Undertaker, B. Hall

Place of Business, 62 West St.

R. P. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 56382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fritte

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 33 N. Lombard St

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Mania-a-potu

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28 1882

A. Lyon Thrasher M.D.,
Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Orleans St *Address,* 16 E. Hoyt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 56383

Permit No. 56383 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francirka Lauer

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 10 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 96 E. Lombard

Cause of Death, { First, (Primary,) Peritonitis / Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial [illegible]

Date of Burial, 28th April

Undertaker, Fred Wunder

Place of Business, [illegible] *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56384 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalen Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 73 N. Chapel St.

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Dropsy

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 28th 82

Undertaker, G. Frances

Place of Business, Pank & Mayer

J. Heelenberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Whitlock

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 70 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Plaster

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 2 no arlington Ave

Cause of Death, First (Primary,) Carcinoma over 10th rib Left side

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 28

Undertaker, J B. Cook

Place of Business, 707 W Baltimore St

W. F. A Kemp M. D.
Medical Attendant.

Address, 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56386 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Hayes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 55 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 373 West St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemetery

Date of Burial, Apr 27/82

Undertaker, Fred'k A. Kirchner

Place of Business, 50 S. Carrollton Ave.

C. W. S. Boogs M. D.,
Medical Attendant.

Address, 256 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56387 *Office of Registrar of Vital Statistics.* Ward 17 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Stelmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 5 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 220 West St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Arph's Cemetery

Date of Burial, April 28

Undertaker, H ROSS

Place of Business, 15 Lombard St

T W S Boze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Gobrigkhorst

~~Sex~~ *Male or Female,* {cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* 10 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 61 Marshall Place

Cause of Death {First, (Primary,) Laryngitis Croupous

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28

Undertaker, J. Muller

Place of Business, 21 Harrison St

R Ellwanger M. D.
Medical Attendant.

Address, 29 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56389 *Office of Registrar of Vital Statistics.* Ward 6 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Balthasar Lenhard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 8 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 119 McElderry St

Cause of Death, First, (Primary,) congestion of the lungs

Second, (Immediate,) Excess of secretions in the air passages

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial. April 29th 1882

Undertaker, Henry Kemann

Place of Business, 13 North Eden St

Melton N. Taylor M. D.,
Medical Attendant.

Address, McElderry St & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Li Laughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 63 McKim St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) 18 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 28th

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Av

Jno Rourke M.D., *Medical Attendant,*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5639 / *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 27/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Virginia Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 283 W. Fallough St

Cause of Death, First, (Primary,) Albuminuria

Second, (Immediate,) Childbirth

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 29 Apr. 1882

Undertaker, Henry W. Deutsinger Jr.

Place of Business, 75 N. Charles.

Thomas J. Bic M. D.,
Medical Attendant.

Address, 39 S. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 56392

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Scott

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 219 Fremont St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 29th 1882

Undertaker, Jos. J. Scriven

Place of Business, Eutaw St. *Address,* 261 Eutaw St.

H. Dixon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 56393.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Stepney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* — *Days.*

Color, C

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pikesville Baltimore Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} ~~No Pownall~~ 16 Eutaw Court

Cause of Death First, (Primary,) Fales Mesentaica

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Campfield Methodist Balto

Date of Burial April 28. 82

Undertaker, Chas Hemsley

Place of Business 116 Orchard St

G. H. Annis M. D.
Medical Attendant.

Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Pr... Keepers of Cemeteries ... ck of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette Braddock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 10 *Months,* 16 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give street and number.} cor Monument st & Central ave

Cause of Death, {First (Primary,) Intestinal Obstruction; Second (Immediate,) Gastro-Enteritis}

Duration of Last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th

Undertaker, George Schilling

Place of Business, Ashland Square

J. E. Whitford M. D.
Medical Attendant.

Address 195 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37395 — *Office of Registrar of Vital Statistics.* Ward 14th C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Winsing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~xx~~ 3 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 N. Front

Cause of death, First, (Primary,) Pott- brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 29th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Geo. B. Reynolds M. D., Medical Attendant.

Address, Carroll & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56396

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Davis

Sex, Male or Female. {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower. {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Native

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 37 Richmond St

Cause of Death, First, (Primary.) Acute Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 2 several days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 28th

Undertaker, Henson & Sephen

Place of Business, 27 Reid Ave

M M Atkins M.D.,
Medical Attendant.

Address, 172 Fronklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56397 *Office of Registrar of Vital Statistics.* Ward 9 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Horne

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mecklenburg-Schwerin, Germany

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 142 Mulberry St

Cause of death, First, (Primary,) Bronchitis, Asthma

Second, (Immediate) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, April 28

Undertaker, C W Sheppard

Place of Business, 178 Pearl

J. H. Jordan M. D.,
Medical Attendant.

Address, 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

mit No. 56398 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

te of Death, April 29

ll Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Harrod

, Male or Female, { Cross out the word not required in this line. } Female

, 11 Years, Months, Days,

or, Black

ried, Single, Widow or Widower, { Cross out the word not required in this line. } Single

upation,

hplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

ation of Residence in the City of Baltimore,

e of Death, { Give street and Number. } 131 Hill St

of Death, { First, (Primary,) Typhoid fever
Second, (Immediate,) asthma

ion of Last Sickness,

l the above information should be furnished by the Physician.

of Burial, Greenmount
f Burial, April 29 1882
dertaker, A. H. Chase
e of Business, 3d Greenmount Av

W. S. Booze M. D.,
Medical Attendant.
Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ON 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish y-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and l date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56399 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 27/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Robert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 63 *Years,* —— *Months,* ..... *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 28 Gilbert St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate.) " "

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 29 1882

Undertaker, S H Chase

Place of Business, 47 Howard St

John O'Brien M. D.,
Medical Attendant.

Address, 39 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 56400 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 27. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Tiedemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} # 303 N. Caroline St.

Cause of Death, First, (Primary,) Pneumonia (Double)

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, April 29 1882

Undertaker, Wm. A. Huckman

Place of Business 234 St. Paul St *Address,* # 303 N. Caroline St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56401 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antony Rouse

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Day Laborer Confectioner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy (45 yrs in America

Duration of Residence in the City of Baltimore, 45 yrs and over

Place of Death, { Give street and number. } 2 Light Street Rd

Cause of death, First, (Primary.) Obstruction of the Intestines

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Howard Co

Date of Burial, April 29 1882

Undertaker, Jas S Payne

Place of Business, 63 Hanover

Geo Lofton M. D.,
Medical Attendant.

Address, 81 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/1412 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Shepard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 *Years,* ..... *Months,* ..... *Days,*

Color, Wh

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5

Place of Death, { Give street and Number. } 30 North St.

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29/82

Undertaker B. Harle

Place of Business, ...

Dr. Edes M. D.,
Medical Attendant.

Address, 313 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

(Bernard Harle)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56403 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, 1 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } No. 25 [illegible] Eutaw

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Cerebritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Apr 29th '82

Undertaker, E. Franco

Place of Business, Bonk & Wolf *Address,* [illegible]

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56404 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hess

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days,*

Color, wht.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give street and Number. } 45 1/2 Saratoga St

Cause of Death, First, (Primary,) Gastric ulcer

Second, (Immediate,) Exhaustion from ulceration

Duration of Last Sickness, 6 wks

☛ All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry st

R. H. Ellis M. D., Medical Attendant.

Address, 313 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 56405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Bowers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* 12 *Days,*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 N. Carlington Ave.

Cause of Death, First, (Primary,) Epithelioma of Uterus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30" 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 19 to Broadway

E. J. May *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56406 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Martin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 mo

Place of Death, {Give street and Number.} Canton St

Cause of Death, First, (Primary,) Obstruction of bowels

Second, (Immediate,) "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md

Date of Burial, April 30 1882

Undertaker, M A Daiger

Place of Business, 74 S Broadway

J. H. Martin M. D.,
Medical Attendant.

Address, Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. 2635 Trans [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16407 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Stanton

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 118 Ridgley St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 30/82

Undertaker, J. F. Byrne

Place of Business, 89 N. Liberty St *Address,* 76 Hoca St

C. H. Causey *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of Physician... to Fellow, and to Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56408 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28" 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arch Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* 6 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} N. 131 N. Regester St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery (Col.)

Date of Burial, April 28: 82

Undertaker, D. Mullin,

Place of Business, ...

Geo. N. Dorsett M. D.,
Medical Attendant.

Address, Comm. of Health
N. Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jos V. Fitz-Patrick [OVER.]

Board of Health, City of Baltimore,

Permit No. 57409 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27" 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stites

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, {Give street and Number.} N° 131 W Register St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Small Pox

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, April 27" 82

Undertaker, P Mullin

Place of Business, ——

Jas. H. Bouton M D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Jos C. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56410 *Office of Registrar of Vital Statistics.* Ward No 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Cotens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 87 Columbia st.

Cause of death, First, (Primary,) Bright Disease of Kidneys

Second, (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, April 30th 1882

Undertaker, Geo Elam

Place of Business, 101 Gough st *Address,* 87 N Columbia st

E. A. Speir M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Re[illegible] invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 22 Months, Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 21 Rose St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions & Coma

Duration of Last Sickness, Abt 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Apr 29th 1882

Wm. T. Lockwood M. D.

Medical Attendant.

Undertaker, C. Hensley

Place of Business, 116 Orchard St

Address Madison St & Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56412 *Office of Registrar of Vital Statistics.* Ward 9 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April. 28th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Logeng

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 8 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Fireman on Str.

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give street and Number.} City Hospital.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Collateral Congestion.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, April 29th 1882

Undertaker, P. McCann

Place of Business, —

E. Van Nos, *M. D.,* Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56413 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman H. Schlinkman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} No 9 Callender Alley

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30th 1882

Undertaker, S. McLeonard & Son

Place of Business, 782 W. Balto

F. X. McGinnes M. D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56414

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tillie Wagner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 275 Cross St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29

Undertaker, Henry Brice

Place of Business, Henrietta St 81

D. A. Bell M.D.,

~~Medical Attendant~~ Coroner 8th Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician ... No. ...

... on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene A E Mosley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 1/2 *Days.*

Color, Colour *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 33 Grand St—

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 45 Low St—

Cause of Death, First (Primary,) Consumption

Second (Immediate,) ...

Duration of Last Sickness, ever since it was born

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 29th 1882

Undertaker, Thos J Locke

Place of Business, 473 Jefferson

Richd Sappington M. D.
Medical Attendant.

Address 132 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Office w... ...ued. Saturday of each week.

No. 56416

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Pernell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 25 Hull Lane

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) ____

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, April 30th 1882

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Thos J Locks

Place of Business, 73 Jefferson *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO., CITY PRINTERS AND STATIONERS...

The Office ... Call Permits

No. 50417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MED. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliet A Campbell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 463 Lanvale St

Cause of Death, First, (Primary,) Pneumonia from Cardiac Dis

Second, (Immediate,) Debility & age

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 1 1882

Undertaker, C. F. Crowder

Place of Business, ~~Funeral~~ County

Geo. G. Brewer M. D.
Medical Attendant.

Address, 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36418 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Bennett

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 41 *Years,* X *Months,* X *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington City

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 102 S. Washington St, City

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Anasarca

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 30 1882

Undertaker, H Sinden & Son

Place of Business, 202 Caroline Ave.

H. F. McManus M.D.
Medical Attendant.

Address, 11 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Heinekamp

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 56 *Years,* ( ) *Months,* ( ) *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, White

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years ~~693 W. Lombard St~~

Place of Death, { Give street and number. } 693 W. Lombard St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Catherad Cem

Date of Burial, May 1st

Undertaker, J. P. Cook

Place of Business, 707 W. Balto St

H. Ramsey M.D.,
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56420 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Mauer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 5 Pratt Land

Cause of death, First, (Primary,) Hepatic Colic

Second, (Immediate,) Hepatitis

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30, 1882

Undertaker, Henry Koch

Place of Business, 202 Central Ave

Wm. L. Russell M. D., Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56421 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Budd

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 6 *Months.* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Dover Street 409

Cause of death, First, (Primary,) Brights disease

Second, (Immediate,) Hydrops

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 30 April 1882

Undertaker, Michael Funk

Place of Business, 35 Park Ave.

L. F. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst. Adolph. Schroeder

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 years *Years,* ~~8~~ *Months,* Six. *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 121 Albemarle St

Cause of Death, First, (Primary,) Phthisis pulmonan

Second, (Immediate,)

Duration of last Sickness, About eight months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 30 1882

G. E. Pepe *M. D.*
Medical Attendant.

Undertaker, Jas. O'Byrne

Place of Business,

Address, 583. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is called to the Rules of this Department as found on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56423 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th April 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bentley -

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty three (33) *Years,* ..... *Months,* ..... *Days,*

Color, Colored.

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Head waiter Mansion House - Fayette St

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Eastern Shore Maryland.

Duration of Residence in the City of Baltimore, about 17 years -

Place of Death, { Give street and Number. } No 66. Seven alley. Baltimore

Cause of Death, First, (Primary,) Phthisis (Consumption)

Second, (Immediate,) Laryngeal Phthisis -

Duration of Last Sickness, about one year -

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 29 1882

Undertaker, S H Chase

Place of Business, 198 Howard St

C Claude Van Bibber M. D.,
per W C V B Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57424 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Bennett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and now long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and No. or Number.} 9. Allens alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel County

Date of Burial. April 30th 1882

Undertaker, W. W. Madden

Place of Business,

Geo. H. Bonsall M.D.
Medical Attendant.

Address, Commissioner of Health
Regulations

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56425

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hanemann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 61 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 6. N. Chapel st.

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 1st 1882

P. J. Daunt M.D.,
Medical Attendant.

Undertaker, Ambrose Koehler

Place of Business, 244 E. Lombard *Address,* 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56426 *Office of Registrar of Vital Statistics.* Ward, 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Wheeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 10 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Harmony Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30 1888

Undertaker, C. O. White

Place of Business,

Geo. W. Benson M. D.,

Medical Attendant.

Address, Comm. of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 56427 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 "1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Sanz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1/2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Ensor St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemet

Date of Burial, April 29 "1882

Geo. N. Benson M. D.,

Medical Attendant.

{*Undertaker,* ~~or~~ Thos Sanz

{*Place of Business,* 20 Thompson Address, Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 30428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie A Thurman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number } 7 Bower st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia Chronic

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, April 29th 1882

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore Street

C H Lurkin M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the Rules, &c., on the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56,429 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Bond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 12 *Days,*

Color, W Leto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Months

Place of Death, {Give street and Number.} 641 E. Lexington St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheretic Croup

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial. Balto Cemetery

Date of Burial. Apr 30 - 1882

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

J W Hood M. D.,
Medical Attendant.

Address, 731 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians to [illegible]

Board of Health, City of Baltimore,

Permit No. 56430

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Spriddes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 245 So Eutaw St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) "

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30

Undertaker, H Ross

Place of Business, 25 Lombard St

D. H. Beck M.D.,

Medical Attendant.

Address, 101 So Stricker St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 5/451

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Spence

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 216 Lancaster St.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 216 Lancaster St

Cause of Death, First, (Primary.) Premature birth - being

Second, (Immediate.) of the 8th month of uterogestation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Apr. 30th 82

Undertaker, G. Fraser

Place of Business, Pontz & Wolf *Address,* 53 Eldorado St

E. I. H. Williams M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56432

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1882, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Taylor

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 130 York st

Cause of Death, { First, (Primary.) } { Second, (Immediate.) } Malformation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, 29th 1882

A. Tuebert M.D.,
Medical Attendant.

{ *Undertaker,* G.W. Perkins & Bro
{ *Place of Business,* 130 Hanover *Address,* Car Shop + Y & S Rds.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56455 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 30 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Leyh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, = 12 = *Years,* = 9 = *Months,* = 27 = *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Iowa City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 320. E Monument St

Cause of death, First, (Primary,) Abscess of Liver

Second, (Immediate,) Pyemia

Duration of Last Sickness, Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1st

Undertaker, George Schilling

Place of Business, Richland Square

J. W. Knox *M. D.,*
Medical Attendant.

Address, Corner Eutaw & Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56454 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882 Apl 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Knabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 3 *Months,* 13 *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 Camden St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Bloodpoisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, May 1st

Wm Gombel M. D.,
Medical Attendant.

Undertaker, F. N. Ford

Place of Business, #131 Hanover *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56435 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 30 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29 D 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Butterfield

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 Hours ~~Days~~,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 Hour

Place of Death, { Give street and Number. } 28 Mosher St

Cause of Death, First, (Primary,) Asthenia Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, E. B. Pat Cemetery

Date of Burial, April 30 1882

Undertaker, P. Muller

Place of Business, ...

Geo. W. Benson M. D.,
Medical Attendant.

Address, Cor. of Mosher & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56456 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche L Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 15 Harris alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 15 Harris alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Rickets (Rachitis)

Duration of Last Sickness, for one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, April 30 1882

Undertaker, Wilium H Dugee

Place of Business, 62 East St

H. L. Turner M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5 9 4 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kornbichler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 77 *Years,* 11 *Months,* 11 *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover (Germany) ✓

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 423 W. Baltimore

Cause of Death { First, (Primary,) old age
Second, (Immediate,) pneumonia
7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 2d 1882

H. Albers M. D.
Medical Attendant.

Undertaker, Geo. Leinbach

Place of Business, 339 W. Pratt St. *Address,* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 56438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 30 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmidt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ten years

Place of Death, {Give street and number} 36 Marion St

Cause of Death { First, (Primary,) Consumption
, { Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 2nd 1882

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry st

C. Jarrett M. D.
Medical Attendant.

Address, 92 Marion St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Frick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ~~Dau~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 405 Park Av

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 1st 1882

Undertaker, Henry W. Jenkins & Son

Place of Business, 75 N. Charles

R Buckler M.D.,

Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56440 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
APR 30 1892
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28. 1892.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Sievers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } .....

Age, 56 *Years,* ..... *Months,* ..... *Days,*

Color, White,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } .....

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~Bath. Ile~~ Germany

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, { Give street and Number. } 339 N. Broadway.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, May 1st 1892

Undertaker, Medairie Bippus

Place of Business, 1710 Bond

G. G. Link M. D.,
Medical Attendant.

Address, Balt. & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56441 *Office of Registrar of Vital Statistics.* Ward 9 D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Daniel Koehler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 7 *Months,* 5 23 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 3 Camden Lane

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood poisoning

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Comm

Date of Burial, May 1st 1882

Undertaker, [illegible]

Place of Business,

Wm Loebel M. D., Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16442 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29-1882—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Heinrich Christian Rauen

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 3— *Days.*

~~Color,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Factory-Land— (Hair-factory)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany—

Duration of Residence in the City of Baltimore, About 25 or 30 yrs—

Place of Death, {Give street and number.} 1 Furror St—

Cause of death, First, (Primary,) Chronic Gastritis and Pulmonary Emphysema

Second, (Immediate,) Exhaustion—Asthenia—

Duration of Last Sickness, 2 or 3 years—

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Lutheran

Date of Burial, 1st May

Undertaker, J. P. Parlow

Place of Business, 66 Frederick Ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 31445

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56443 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 150 York St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1

Undertaker, H Ross

Place of Business, 95 Conway St

E. W. Boze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention ... is invited to the ... will make returns of all Permits on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 76444 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 30th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Parry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one *Years,* two *Months,* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Her Life.

Place of Death, { Give street and Number. } 1047 Bruce st.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, May [illegible]

Undertaker, W. Elder Ashburn

Place of Business, No 62 East [illegible] *Address,* .....

J. Truman Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57445 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 N. Dallas St.

Cause of death, First, (Primary.)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cemetery

Date of Burial, May 1 1882

Undertaker, William Benzee

Place of Business, No 62 East Street

J. Lynch M. D.,
Medical Attendant.

Address, 13 Potter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56446 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georger Everhardt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover, Pa

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} 244 Conway St.

Cause of death, First, (Primary,)

Second, (Immediate,) Exhaustion & Senile Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d 1882

Undertaker, John S Mackey

Place of Business, No 150 Camden St

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30 April 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Julia Bowling

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 48 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nail

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bryantown, Chas. Co. Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 49 Courtland St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) a

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Charles Co. Md.

Date of Burial, 2nd May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, No 75 N. Charles St

F. Donaldson M.D.
Medical Attendant.

Address, 10 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcribed 5 6 87

No. 30448

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 28 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Norris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 86 Orchard St.

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 1 1882

J C Harris M. D.
Medical Attendant.

Undertaker, Abel Hemsley

Place of Business, 116 Orchard st *Address* No 360 Lexington St. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

No. 0449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56449 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Schüffer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 70 N. Washington St.

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 1st 82

Undertaker, G. Trance

Place of Business, Bantz & Wyse

Oscar J. Cokenny M. D.,
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56450 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Fr. Ostendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 124 Chesapeake St.

Cause of Death, First, (Primary,) Pneumonia - Acute Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 2nd 82

Undertaker, C. France

Place of Business, Bank & Wolfe Sts. *Address,* 14 Broadway

C. L. Wiltsen M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6645 1 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mateling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 42 Conway

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, More than two years.

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, May 2nd

Undertaker, E. J. Toole

Place of Business, 13 Hanover St

D. Casey Hines M. D.,
Medical Attendant.

Address, 314 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36452

Office of Registrar of Vital Statistics. 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Canfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rail Road man.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 9 Lemmon St

Cause of Death, First, (Primary.) Pleuro-Pneumonia.

Second, (Immediate.) Abscess Lung

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 1st 1882

Undertaker, Matthew Cadogan

Place of Business, 22 Mulberry St

J. G. Whitehurst, *M.D.,*
Medical Attendant.

Address, Fayette & Pascal Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16433

Office of Registrar of Vital Statistics. 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th April 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pickering

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 210 Mulberry St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 2nd 1882

Undertaker, Matthew Cadogan

Place of Business, 224 Mulberry St

F. W. Bings M.D.,

Medical Attendant.

Address, 48 W Fallo St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56454 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clem E. Madden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 25 *Days.*

Color, Bg White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 178 McHenry St.

Cause of death, First, (Primary,) Chronic Inflamation of Lungs & Stomach

Second, (Immediate,) Four (4) Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, May 2nd 92

Undertaker, H. H. Tucker

Place of Business, 615 E. Eutaw St.

D. L. Gwinn M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6455 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1882

Full Name of Deceased, { Write legibly and spell correctly. If a Infant not named, give names of parents. } Mary S. Post

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, About twelve years.

Place of Death, { Give street and Number. } 142 Townsend Street

Cause of Death, First, (Primary,) Ulceration of the uterus

Second, (Immediate,) Hemorrhage from the above.

Duration of Last Sickness, about eight months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, May 2nd 1882

Undertaker, Wm Jenkins & Son

Place of Business, 754 Chas *Address,*

Marius Duvall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 56456 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gaspari Guiseppe

~~Sex.~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Fall in hold of vessel

Second, (Immediate,) Fracture of Spine

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Westt Pub Lonity

Date of Burial, May 1/82

Undertaker, Fred A Koechner

Place of Business, 50 S Marolbow Av

J West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 26437 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moyers

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 78 Holland St.

Cause of Death, First, (Primary,) Spinal disease

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 1st

Undertaker, C White

Place of Business, 35 Raubay St

Geo W Benson M. D.,

for Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Clagett — [OVER.]

Board of Health, City of Baltimore,

Permit No. 56458 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1892 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Butler.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 158 S Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, W B Public Cemetery

Date of Burial:

Undertaker F A Kerschner

Place of Business,

Geo. W. Denson M. D.,
Medical Attendant.

Address, Com. Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during the last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate stating as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Prepared by Jas. A. Mulligan Clerk

Board of Health, City of Baltimore,

Permit No. 16459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna B. Stahm

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 468 Canton ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery.

Date of Burial, May 2 1882

E. V. Eilau M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 23 & Eutaw St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32460 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frederick Bruch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Memphis, Tenn.

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number.} 255 E Chase

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, May 2, 1882

Undertaker, Henry Hook

Place of Business, 100 Eutaw St. *Address,* 256 N Eutaw St.

J. M. Adams *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-6461 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Woomette

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 384 Hanburg al

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, May 1st 1882

Theodore Brantz M. D., Medical Attendant.

Undertaker, Adam Weidemayer

Place of Business, 518 W. Baltimore St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56462 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th, 4:40 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Eugene Mothiser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 4 *Months,* 3 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 69 Ramsey Street

Cause of death, First, (Primary,) Pertussis

Second, (Immediate,)

Duration of Last Sickness, 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 1 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* N.E. Cor. Columbia Ave & Fremont St

Wm. H. Elderdice M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56463 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday May 1st. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward G. Cole.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 163 Forrest St.

Cause of death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Exhaustion from high temperature

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 2nd 1882

Undertaker, Gotha Lake

Place of Business, 166 E Balto St

Wilmer Bruton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56464 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oswald E. Wegefarth

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 20 *Years,* 3 *Months,* 28 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Medical Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania U. S.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 63 Eonzor St.

Cause of death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 1 1882

Undertaker, Wm H Steckman

Place of Business, 234 N. Gay St

Jno. S. Lynch M. D.,
Medical Attendant.

Address, no 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56465 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Pekruic

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 15 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia (Austria)

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} No 8 Bohemia Court

Cause of death, First, (Primary,) Cerebral Rheumatism

Second, (Immediate,) Meningitis from

Duration of Last Sickness, several days (Taken sick on Sun. 6th inst. died on Sun. 30th inst.)

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, May 2nd

Undertaker, Andrew Buckley

Place of Business, 144 E. Lombard St.

L O Wulcomitz M. D.,
Medical Attendant.

Address, 12 S. Edgar st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56466 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1. 3 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Elbel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* —— *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, C

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 92. Thames Str.

Duration of Residence in the City of Baltimore, 20 Days

Place of Death, {Give street and number.} 92 Thames

Cause of death, First, (Primary,) .....

Second, (Immediate,) Potrios & Varicel

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Friendly

Date of Burial, May 2. 5 p m

Undertaker, Henry Sanders

Place of Business, No 252 Canton av.

John, A. Litzer M. D.,
Medical Attendant.

Address, 160. Saratoga,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 86467

Office of Registrar of Vital Statistics. 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cotton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 2 *Years,* *~~Months~~,* *~~Days.~~*

Color ~~ed~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 N. Howard St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1882

Undertaker, Wm. L. Gray

Place of Business, 68 Mulberry

Chas. S. Lay *M.D.,*
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67468

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaway Mc Shorter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, Col

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number.} 3 10 Fort Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer of Face

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2nd 1882

Undertaker, Wm. H. Bunged

Place of Business, 62 East St,

A Lloyd Shorter M.D.,
Medical Attendant.

Address, 11 S. 14th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56469 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Catharine Herchord

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 8 days.

Place of Death, {Give street and Number.} 139 N. Howard St.

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Asphyxia.

Duration of Last Sickness, About 10 days -

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemty

Date of Burial, May 2nd 1882

Undertaker, A. Rosenberger

Place of Business, 20 Mulberry St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57470 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elizabeth McLane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 7 *Days,*

Color, Negro

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 74 Jasper St

Cause of Death, First, (Primary,) .....

Second, (~~Immediate,~~) Dentition

Duration of Last Sickness, Only Last once at Dispensary

At the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 2 th

Undertaker, Stinson & Sephens

Place of Business, 47 Druid Hill Ave

Wm A Moale M. D.,
Medical Attendant.

Address, 152 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 57471 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Perkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 418. N Calhoun St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Gastritis

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, May 2d 1882

Undertaker, John Thacher

Place of Business, No 150 Camden

A. L. Pol M. D.,
Medical Attendant.

Address, 506. W Fayette St

Transcriber.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 16472 *Office of Registrar of Vital Statistics.* Ward XIII

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

Date of Death, May 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} N. 11 Hanover alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Asthma

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd 1882

Undertaker, W. W. Jenkins & Son

Place of Business, 75 N. Charles

J H Mathews M. D.,
Medical Attendant.

Address, 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56473

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brumley

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ship Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } Bowze Ship Yard —

Cause of Death, First, (Primary.) Hypertrophy of the heart

Second, (Immediate.) " " " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd 1882

Undertaker, Denny & Mitchell

Place of Business, 65 Broadway

S. A. Bee M.D.,

~~Medical Attendant~~, Coroner

Address, 141 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 56474 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Murray

Sex. Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Builder.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 140 Mc Elderry St.

Cause of Death, First, (Primary,) Typhoid Pulmonia

Second, (Immediate,) Internal Hemorrhage

Duration of Last Sickness, Two weeks one day.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, May 2nd 1882

Undertaker, Denny & Mitchell

Place of Business, 647 Broadway Address, 822 N. Broadway

Geo. F. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 23

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46475

HEALTH DEPARTMENT MAY 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Ogle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 112 N. Poppleton St

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} No 112 N. Poppleton St

Cause of Death, First, (Primary.) _____

Second, (Immediate,) Unknown –

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, May 2nd 1882

Undertaker, Jos R Cook

Place of Business, No 707 W Baltimore street

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6476 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bolislaf Centilli

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 14 *Days.*

Color, White

~~*Married,*~~ ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bromberg Prussia.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} Locust Point Balto Md. (Germ)

Cause of death, First, (Primary.) Diarhoe

Second, (Immediate,) Cramps.

Duration of Last Sickness, 36 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 2 1882

Undertaker H. Sauder & Son

Place of Business 252 Canton Ave, *Address,* S. S. Nurnberg

Signed Jos. Kratz M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gant

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 19 Whatcoat St;

Cause of Death {First, (Primary;)} Typhoid Pneumonia

{Second, (Immediate,)} Inflamation of brain

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 3rd 1882

G. W. Jones M. D.
Medical Attendant.

Undertaker, Chas. G. Hemsley

Place of Business, 116 Orchard St *Address,* Stricker & Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56478 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette Louisa Leinhard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 5 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and Number.} 119 Mc Elderry St

Cause of Death, First, (Primary,) Old age & Ill Kept down Constitution

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3rd May 1882

Undertaker, Henry Ahrens

Place of Business, 63 Eden St

Milton A Taylor M. D.,
Medical Attendant.

Address, Broadway & Mc Elderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore,

Permit No. 56479 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Deutzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty five *Years,* Five *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Paintermaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 368 South Street

Cause of death, First, (Primary,) Brights Disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 2. 1882

Undertaker, B McGrain

Place of Business, 98 Howard St

Whitfield Winsey *M. D.,*
Medical Attendant.

Address, 1162 E. Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 56480 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Works at Anything

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hookstown Road

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Morris alley

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Louden

Date of Burial, May 2 1882

Undertaker, B McShane

Place of Business, 107 Shamrock st

W D Porter M. D.,
Medical Attendant.

Address, 142 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56481 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

Date of Death, April 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaritt A Auld

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Almost her entire life

Place of Death, {Give street and Number.} Almshouse 83 William St

Cause of Death, First, (Primary,) Pulmonary disease

Second, (Immediate,) Pulmonary & heart disease

Duration of Last Sickness, Has been ill several months

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, May 2/82

Undertaker Armstrong & Denny

Place of Business, 263 Montgomery *Address,*

W Hammond M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Line [illegible]

Board of Health, City of Baltimore,

Permit No. 56482 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anna Macgregor

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Milliner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 18 S. Wolfe St. [illegible]

Cause of Death, First, (Primary,) Obstruction of bowels, Stercoraceous

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 3rd

Undertaker, Louden Fuller

Place of Business, 244 E. Lombard

E. P. Bon M. D.,
Medical Attendant.

Address, 317 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Balti... will plac...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phil. Wehn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 357 S. Sharp

Cause of Death { First, (Primary,) Tubular Nephritis / Second, (Immediate,) Oedema Pulmonar

Duration of last Sickness, 18 Mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 3d 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 187 W. Biddle St

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 56484 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1892 BALTIMORE

Date of Death, May 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Blake

~~Sex~~, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* ..... 5 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Rear of 59 East St.

Cause of Death, First, (Primary,) Bronchial Burth.

Second, (Immediate,) Inanition

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel.

Date of Burial, ...

Undertaker, W. A. Dunger

Place of Business, ...

Geo. W. Bender M. D.
Medical Attendant.

Address, Bd of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, and age of each, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McHenry
Inspector

[over.]

The Special Attention Keepers of Cemeteries in City of Baltimore will make returns of all Permits Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56485 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Houck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 10 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Carey & Pratt sts

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, May the 4. 1882

Undertaker, Walter Immel

Place of Business, 315 West Bidde Address,

H. D. Houck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Transcript

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention (Keepers of Cemeteries in City of Baltimore will make returns of

Board of Health, City of Baltimore,

Permit No. 56486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John E. Greene

Sex, Male ~~& Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and number. } 274 Cross St

Cause of Death, First, (Primary.) Erysipelas, head

Second, (Immediate.) " Throat- 4 "

Duration of Last Sickness, about- 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mound Olivet Cem

Date of Burial, May 4th 1882

L. A. Bell M.D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Cross St *Address,* 101 S Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 5-6487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 4 1882 BALTIMORE

Date of Death, May 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Timothy O'Connell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Watchman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number. } 288 E. Monument St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis (General)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, May 4th 1882

Undertaker, Jas. P Byrne

Place of Business, 63 Front St

Jas. Brooke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is hereby invited to the Remarks below.

Board of Health, City of Baltimore,

Permit No. 6488

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Burns

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 198 East 11

Cause of death, First, (Primary,) Acute Tuberculous Meningitis

Second, (Immediate,) Convulsions, &c

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 3rd 1882

Undertaker, James A. Byrne

Place of Business, No 63 N Front St

Geo. B. Rugby M. D., Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below,

Board of Health, City of Baltimore,

Permit No. 5 6489 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Lant

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, At home

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 181 N High

Cause of Death, First, (Primary,) Catarhal Pneumonia

Second, (Immediate.) apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, May 23rd 1882

Undertaker, James S Byrne

Place of Business, No 63 S 10 Front St

D. Shea M. D.,
Medical Attendant.

Address, 143 N Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of B... will make returns of all B... [illegible]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to the Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Bias

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, since 10 yrs of age.

Place of Death, {Give street and number} 67 Orchard St.

Cause of Death { First, (Primary.) Consumption

Second, (Immediate,) ~~[illegible]~~ 5 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

J. F. Keller M. D.
Medical Attendant.

Address, 85 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians, Coroners and Others is especially called to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 4 Elbow Lane

Cause of Death First, (Primary,) Congestion of Lungs

Second, (Immediate,) & Liver

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, May 3rd 1892

A W Little M. D.
Medical Attendant.

Undertaker, Geo H Perkins & Son

Place of Business, 130 Hanover St *Address,* 381 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children;

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57492 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1251 Hanover St

Cause of Death, First, (Primary.) Pathisis

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d 1892

Undertaker, Geo. H. Baker Jr

Place of Business, 139 Uppsittas Address, 206 Sharp St

U S Bruce M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16493 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hogan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labrer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary,) Epithelioma of Tongue

Second, (Immediate,) Asthenia

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 4 1882

Undertaker, C F Kraus

Place of Business, 209 Hanover

Hoek M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cem[illegible]

[illegible] of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sylvia Manns

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 49 *Years,* —— *Months,* —— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Penal Farm, Patapsco Neck

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 4th 1882

Undertaker, P. Kenwith Jun

Place of Business, 92 N Howard St

F. F. Flemer M. D.
Medical Attendant.

Address, Penal Farm, Patapsco Neck

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

This Permit Must, in all

Board of Health, City of Baltimore,

Permit No. 5-6496

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Chase

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* One *Months,* 2 6 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 28 Frederick Ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 4 " Six days

All the above information should be furnished by the Physician.

Place of Burial, Carroll, Gen St Cemetery

Date of Burial, 4th May

Undertaker, T. M. Leonard & Son

Place of Business, 782 W. Baltimore St

Roman Obie M. D., Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56496 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Volk

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 72 *Years,* ? *Months,* ? *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Colonne. Germany

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give street and number.} E. Lombard Street 31

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th

Undertaker, Rand Bastell

Place of Business,

S. L. Reinhard M. D.,
Medical Attendant.

Address, 224 West Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5649 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 Years, Months, Days.

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 23. Short St.

Cause of death, First, (Primary,) Dropsy of Heart,

Second, (Immediate,)

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemitry

Date of Burial, May 3rd

Undertaker, Thos J Locke

Place of Business, 73 Jefferson

A. C. Fox M. D.,
Medical Attendant.

Address, 506. W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City or [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-6497 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H Scott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Rear of 76 Burgundy alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Teething

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cem

Date of Burial, May 2nd

Undertaker, H Ross.

Place of Business,

Geo. W. Dewey M. D.

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Keepers of Cemeteries in City of [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56499 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Fairfax

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 220 E. Monument St.

Cause of death, First, (Primary,) Convulsions

~~Second, (Immediate,)~~

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 3. 1882

Undertaker, Wm. H. Huckman

Place of Business, 234 N. Gay St.

Wilmer Jenkins M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Ph[illegible] to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16600 *Office of Registrar of Vital Statistics.* 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Hooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Hughes Lane East of William St

Cause of Death, First, (Primary.) Drowned

Second, (Immediate.) "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 3

Undertaker, Armstrong

Place of Business, No 263 Lee St

D. A. Bell M.D.,

~~Medical Attendant.~~

Coroner 3d Dist

Address, 141 So Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3765-01 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Doyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 4th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Edw. J. Nicholas M. D.,
Medical Attendant.

Address, 283, W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56502 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

Date of Death, May 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allan Derricks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 29 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 Orchard St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

Duration of Last Sickness, About 6 mos.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 4 1882

Undertaker, Abt Hemaly

Place of Business 116 Orchard St

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore to return all Permits No. 565

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16303 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 /82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ivy B Shadoff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 9 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } D C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 172 S. Chapel

Cause of Death, First, (Primary,) Measles -

Second, (Immediate,) Coma - Asphyxia

Duration of Last Sickness, 10 days. Did not visit this case - Reported.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bon

Date of Burial. May 5th 82

Undertaker, G. Frank

Place of Business. Bonts & Wall

D. L. Winans M. D., Medical Attendant.

Address, 172 S Chapel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 76504 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

Date of Death, May 2nd 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Joseph Albert

Sex, Male or Female, (Cross out the word not required in this line.)

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 40 N. Fremont

Cause of Death, First, (Primary.) Eclampsia infantum

Second, (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 4th 82

Undertaker, G. France

Place of Business, Bank & Wolf *Address,*

F. Fathauer M. D.,
Attending Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

Permit No. 57505 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 4 1882 BALTIMORE

Date of Death, May 3d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Maxheimer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 16 *Years,* 1 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cabinet Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 382 Hanover

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

[illegible] M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to those on the reverse side.

Board of Health, City of Baltimore,

Permit No. 57506 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wickel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Five *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 339 N Durham St

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,) —

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 4th 1882

Undertaker, John Jape

Place of Business, 166 E Balto St

E. Wilson M. D.,
Medical Attendant.

Address, 701 E. Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

The Special Attention of Phys[illegible]eepers of Cemeteries in City of Baltimore will make re[illegible] to Lis[illegible]ll Per[illegible]sses on back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 d. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Graff.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number} 36. N. Carolinen Str.

Cause of Death First, (Primary.)

Second, (Immediate,) Atrophia infantum

Duration of last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, May 5th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Robert Anthony M. D.
Medical Attendant.

Address, 121 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2= 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Shadrick

Sex, ~~Male~~, *or Female,* {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 2 S Ann St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, More than One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 4th 1882

Undertaker, Danny J Mitchell

Place of Business, 652 Broadway

G. E. Jepse, M. D.
Medical Attendant.

Address, 583 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 56309 *Office of Registrar of Vital Statistics.* Ward 8 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Darragh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} Balt. & Ann Sts

Cause of Death, First, (Primary,) Spinal Neurosis

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, Unable to state as visited her two months

All the above Information should be furnished by the Physician.

Place of Burial, Saint Patricks Cemetery

Date of Burial, May 5th 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Bond

G. Glanville Cook M. D., Medical Attendant.

Address, Balt. & Wash Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 5665-10 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry M. Seager

Sex, Male or ~~*Female*~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months.* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 345 N Broadway

Cause of death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, May 5th 1882

Undertaker, Wm. G. Sickner

Place of Business, 65 S. Eutaw st

J H Patterson M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 765-11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie May Sauk

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 57 S. Stricker St

Cause of Death First, (Primary,) Malignant Diphtheria

Second, (Immediate,) Exhaustion ~~Malignant~~ & blood poisoning

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, May 4 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

John Howe M. D.
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 10512

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 866-12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Maud Asquini

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} Broadway & Eager

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 4

Undertaker, C. H. Bluford

Place of Business, 198 E. Pratt

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56513 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph W. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Forty *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } South West cor. Lombard & Patterson Avenue

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Valvular disease of the heart (both mitral and aortic)

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, May 5

Undertaker, C. H. Bogard

Place of Business, 198 Pratt *Address,* 5 Dunbar

Wm Magee *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-65-14 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottlieb R. Baesch

Sex. Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and Number. } 1 E 304 S. Charles st

Cause of Death, First. (Primary,) Croup Membranous

Second. (Immediate,) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5th

Undertaker, Henry Brill

Place of Business, Harrietta St 81

O. L. Burkenbine M. D., Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56515 *Office of Registrar of Vital Statistics.* Ward 8

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Barnhouse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 200 E. Baltimore St.

Cause of Death, First, (Primary,) Congestive Chills

Second, (Immediate,)

Duration of Last Sickness, Since April 27

All the above Information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, May 4 1882

Undertaker, Jas P Byrne

Place of Business, 63 Front St

James E Donnelly M. D., Medical Attendant.

Address, 199 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5616 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henbrey Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 715 Monroe st

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Punkin hill Cemetery

Date of Burial, May 5th 1882

Undertaker, S. W. Leonard Row

Place of Business, 782 W. Baltimore

James Bolen M. D., Medical Attendant.

Address, 319 Hillen st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56517 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3d 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Blanche Meadacle

Sex, ~~Male or~~ *Female,* (Cross out the word not required in this line.)

Age, — *Years,* Three *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~Widow or Widower.~~ (Cross out the word not required in this line.) ✓

Occupation, none.

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, (Give street and Number.) 75 Canal Alley

Cause of Death, First, (Primary,) Intertrigo — I prescribed once for a very severe case of intertrigo, they say that got weed.

Second, (Immediate,) Convulsions

Duration of Last Sickness, Sickly all it life

All the above information should be furnished by the Physician.

Place of Burial Laurel Lawn

Date of Burial, May 4th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Elias La. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56518 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 3 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, ~~Laborer~~ Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} " "

Duration of Residence in the City of Baltimore, 53

Place of Death, {Give street and Number.} 15 Friars Court

Cause of Death, First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th 1882

Undertaker, John S Mosher

Place of Business, Camden & Pac Sts

R. A. Pelle M. D.,
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 4 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1895

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret J Cross

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 15 S Paca

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oxford Chester Co

Date of Burial, Jany 5/82

[illegible] M. D.
Medical Attendant.

Undertaker,

Place of Business, [illegible] Park Ave. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended ~~during~~ the last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate chil[illegible]

[illegible] C. DULANY & CO. CITY PRINTERS AND STATIONERS. [illegible]

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

Permit No. 6-63-20 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 ou 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Dail

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Mine

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 128 Battery av.

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 5.

Undertaker, B. Hagle

Place of Business, 82 West St

P. E. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55521 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamilton Stubbs

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* 10 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 306 Light St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 5th

Undertaker, B. Hagle

Place of Business, 82 West Pratt

Stevenson Bartlett M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Werner Hauffman

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* / *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} Broadway No 534

Cause of Death, First, (Primary,) Albuminuria

Second, (Immediate,) .....

Duration of last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 6th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyndon

R. S. Rankin M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 66123 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Leibl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany - 28 Years

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 150 S Green St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 5th 1882

Undertaker, Julius Koehler

Place of Business, Sharpe Cross St

I Mowry M. D.,
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6524 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Hardy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 48 Mulberry St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Oakland

Date of Burial, May 4th.

Undertaker, Hewson & Stephens

Place of Business,

Geo. N. Benson M. D.,
Medical Attendant.

Address, Com Health.

~~de gostas~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cy by Dr E Wheeling

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 4 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Vladimir Groesbeck. Herman Vladimir Groesbeck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 255 N Colvert St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Embolism

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 5. 1882

Undertaker, Henry McEntire & Son

Place of Business, 75 N. Charles

H. Lauriston Smith M.D.,
Medical Attendant

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 56526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

THE PEABODY LIBRARY
MAY 4 1982
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. E. Preston Samuel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 217 Bolton Av

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 31

Undertaker, R. Hosle

Place of Business, 52 West St

E. E. Noble M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16527 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A McGinity

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 309 Bank Street

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial New Cath. Cem.

Date of Burial, May 5th 82

Undertaker, G. France

Place of Business, Bonk & Wolfe St. *Address,* 1 & 1 Broadway

James T. Shaw M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 5765-28 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Ruddell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 7 Hours ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 150 Maderia alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Prematurity

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Pine St Cemetery

Date of Burial, May 5th

Undertaker, Charles Rockel

Place of Business, ...

Geo. W. Dennard M. D.,
~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

J. M. Renner

Special Attention of Physicians is respectfully invited to the [illegible] Book of

Board of Health, City of Baltimore,

Permit No. 56529 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H & W Boyce

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 741 W Balto St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, 5 years in his Room

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 6th 1882

Undertaker, D Lemmon

Place of Business, Balto St

Geo. H. Denson M. D.,
Medical Attendant.

Address, County Hall
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 56530 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Sarah~~ George Henry Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 14 *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number.} 41 Little McElderry St

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three wks

All the above information should be furnished by the Physician.

Place of Burial, Levitt Cemetery

Date of Burial, May 5 1882

Undertaker, William N Dunger

Place of Business, No 62 East St

E Jo Walls *M.D.,*
Medical Attendant.

Address, 41 N Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Sanitary Regulations on the Back of

Board of Health, City of Baltimore,

Permit No. 56531 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Gray Groesbeck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* one *Months,* 21 *Days.*

Color, White

~~Married~~, *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years one months & 21 days

Place of Death, {Give street and Number.} 253 North Calvert Street

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of Last Sickness, one week.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery.

Date of Burial, May 5. 1882

Undertaker, Henry W. Dutton & Son

Place of Business, 75 W. Charles

H. F. Groesbeck M. D.,
Medical Attendant.

Address, 255 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 66532 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Reth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Mont's,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 92 S. Bond

Cause of Death, First, (Primary,) Malign. Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Trinity Cemetery

Date of Burial, May 5th

Undertaker, H. Dippel

Place of Business, N. Bond & 15th

R. W. Mansfield *M. D.,*
Medical Attendant.

Address, 119 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-6533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A. Millar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* 9 *Months,* ... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Office boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} California

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 22 Orleans st

Cause of Death {First, (Primary,) Small pox
Second, (Immediate,) Coma & Convulsions

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, May 6

Undertaker, Fry & Bro

Place of Business,

Wm. N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 17634 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hanson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} male

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Solicitor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norwegian

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 11 Fallis.

Cause of Death, First, (Primary.) Carcinoma Legatis

Second, (Immediate,) Marasmus, Lyst?

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Com.

Date of Burial, May 6th 82

Undertaker, G. Frances

Place of Business, Bonts & Wo[illegible] *Address,*

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 56535 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Graefe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Months.* *Days.* *Years,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 Light St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, May 6 1882

Undertaker, C. F. Kraus

Place of Business, 209 Conway St. *Address,* 152 Sharp St.

R. J. N. Tall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Rules and Regulations printed on the reverse side.

Board of Health, City of Baltimore,

Permit No. 56536 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th - 1882 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie, Landley

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* — *Days,*

Color, White -

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St Vincent's Infant Asylum.

Cause of Death, { First, (Primary,) — Second, (Immediate,) Consulsions and Sudden death - . .

Duration of Last Sickness, a few hours —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 5th - May

Undertaker, Pat. Hunt

Place of Business, Asylum

R. McGoldsmith M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to Art. 4 Section 10 of the

Board of Health, City of Baltimore.

Permit No. 56537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Geo. Hyman

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 135 Lanvale

Cause of Death, { First, (Primary.) Chronic Pulmo. / Second, (Immediate.) }

Duration of Last Sickness, about one Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6th 1882.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 45 Park Ave.

Jno Thos M.D.,

Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 56538 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Aldridge

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty seven *Years,* Five *Months,* Twenty-two *Days,*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and Number.} 220 S. Fremont st.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Double Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 6th 1882

Undertaker, W. J. Tuckner

Place of Business, 736 Camden St.

J. Taylor Smith M. D.,
Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...pecial Attention of ... for Burials, to the Office whence issued, Saturday of each week. ... Back of this

Board of Health, City of Baltimore,

Permit No 57539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Coniff

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 13 Holland Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Holland Alley

Cause of Death { First, (Primary,) Catarrh
Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 5

Undertaker, Joseph Bloch

Place of Business, 70 West Baltimore

S. T. Benson M. D.
Medical Attendant.

Address, 187 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore.

Permit No. 37540

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Schmelz.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 24 — *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, all to life.

Place of Death, { Give street and number. } 183. n Dallas

Cause of Death. First, (Primary.) Imperfectly developed.

Second, (Immediate.) Marasmus

Duration of Last Sickness, all to life -

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, May 6th 1882

Undertaker, C. Schmidt

Place of Business, 765 Aisquith

C. Johns M.D.,
Medical Attendant.

Address, 56 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 5 6 3 4 1 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th. May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Lutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 7 *Months,* 25. *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Beersaloonkeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saxe Coburg, Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Bond Street 333.

Cause of death, First, (Primary,) Ulcera chronica ventriculi

Second, (Immediate,) Melaena et Hämatemesis

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 7th 1882

Undertaker, Leonhard Keller

Place of Business, 27 S. Bond Street

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56542 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Tokfer

Sex. Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* *Days.*

Color. W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany - 22 years

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 274 Shark st

Cause of death, First, (Primary,) Pulm. Gangrene

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7th 1882

Undertaker, Ernst Schlemmer

Place of Business, 200 Sharp St *Address,*

D Gillestine *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-63-43 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A Olivo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 Burgundy alley

Cause of Death, First, (Primary,) Was dying when I first saw her probably dies of heart

Second, (Immediate,) Disease but a few minutes suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 5

Undertaker, H Ross

Place of Business, 95 Conway St

Dr P. Hoffman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Dodi

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 6 *Years,* 11 *Months,* 13 *Days*

Color, Creole

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Tailor (unable to work for 25 or 30 years)

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 179 Mulberry St

Cause of Death, First (Primary,) Cardiac anasarca

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 8th 1882

Undertaker, Jas P Byrne

Place of Business, 63 Front St

W. F. A. Kemp M.D.
Medical Attendant.

Address, 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-65-45 *Office of Registrar of Vital Statistics.* Ward 6 & 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th May 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Friedrich Wilhelm Born

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 0 *Days,*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 104 Fremont St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 104 N Fremont St

Cause of Death, First, (Primary,) Bronchenitis:

Second, (Immediate.) Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 6 of May

Undertaker, Geo. P. Zimmer

Place of Business, 317 Mulberry

D. W. Helbman M. D.,
Medical Attendant.

Address, 120 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56546 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hamburger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} No 39 S. Eden st

Cause of death, First, (Primary.) Meningitis cerebro-spinalis

Second, (Immediate.)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, May 7th 1882

Undertaker, Wm Edau

Place of Business, 101 Gough St

L Oppenheimer M. D., Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-65-47

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asa Silburn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 62 Franklin St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 1 hour

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 7, 1882

Geo. A. Kummer *M.D.,*

Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, Bodine & Sons *Address,* 73 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56548 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Bogue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 40 yrs in America

Duration of Residence in the City of Baltimore, 48 Yrs

Place of Death, {Give street and number.} 11 Mercer St

Cause of death, First, (Primary,) Dilatation of Heart

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, Some Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 6 1882

Undertaker, J. F. Byrne

Place of Business, 59 W Liberty

Jean Kinkel M. D.,
Medical Attendant.

Address, 180 W Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5-63-14 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 6 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith's Child

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 24 Josephine St.

Cause of death, First, (Primary,) ———

Second, (Immediate,) Convulsions-

Duration of Last Sickness, Born Sick.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, May 6th

Undertaker, Herbert A Sykes

Place of Business, 27 Druid Hill Ave

Chas. E. Hines *M. D.,*
Medical Attendant.

Address, 224 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 5650

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Ann O'Neill~~ May 4th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann O'Neill.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 110 Lexington st

Cause of Death, First, (Primary.) Bronchitis - Emphysema

Second, (Immediate.) Diffuse Bronchitis.

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 7th 1882

Undertaker, Hoyt W. Jenkins & Son

Place of Business, No 75 N. Charles St *Address,* 116 W. Monument St.

C. O'Donovan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 0[illegible]

Board of Health, City of Baltimore,

Permit No. 67557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jones

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Female

Age, 97 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number} Home of the Aged of the M.E. Church

Cause of Death First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, A few days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 6th 1883

Undertaker, Wm J Meacham

Place of Business, 21 E Lanvale St

John Hood M. D.
Medical Attendant.

Address, Nicholson & Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56552 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Louisa Benn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 21 *Days.*

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltr City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} Chase & Castle

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) .....

Duration of Last Sickness, life time

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, 6th of May

Undertaker, Ford Wade

Place of Business, 29 & Greenmount

M. White, M. D.,
Medical Attendant.

Address, 367 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-6 5-6-2 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel B. Matthews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 22 Woulls Lane

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6. 1882

Undertaker, Wm. H. Dugee

Place of Business, 62 East St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56554 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zeelman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 43 Burke St.

Cause of Death, First, (Primary,) Enteric fever

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem'tery

Date of Burial, May 7th 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann

R. W. Mansfield M. D.,
Medical Attendant.

Address, 167 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 16555 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4: 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. Tomlinson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sail-Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Sixty years.

Place of Death, { Give street and Number. } 60 S. Amity St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, May 7th, 1882

Undertaker, Denny & Mitchell

Place of Business, 16 S. Broadway

G. Glanville Lurk M. D., Medical Attendant.

Address, Balt. & Mark. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

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Board of Health, City of Baltimore

Permit No. 37566

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Smith Dunbar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Unknown

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} 161 W Lanvard St Matende

Cause of Death, First, (Primary.) Puerperal Peritonitis

Second, (Immediate.) Shock & Acute Collapse

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, E Balt Cemetery

Date of Burial, May 6

Undertaker, H Coleman

Place of Business,

W. H. McIntosh & W. Bowers M.D.,

Medical Attendant.

Address, 161 W Lanvard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 76557 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Bock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N.E. Cor Aisquith & Bay sts Stable

Cause of death, First, (Primary,) Senile city

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, May 6, 1882

Undertaker, Henry Hoch

Place of Business, 769 Central ave

C. W. Klose M. D.,
Medical Attendant,

Address, Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16358 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

Date of Death, May 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E L Scriven

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 286 N Eutaw St

Cause of Death, First, (Primary,) Pulmonary consumption

Second, (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial. May 7th 1882

Undertaker. Chas E Scriven

Place of Business. 271 N. Eutaw st

W D Bowkir M. D.,
Medical Attendant.

Address, 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56459 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. Whitehead

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 104 E Lombard

Cause of Death, First, (Primary,)

Second, (Immediate,) Scald

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 6/82

Undertaker, Fry & Son

Place of Business 94 N Broadway

W. F. Gall, M. D., Medical Attendant.

Address, 1124 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56560 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McNaney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 Heath St.

Cause of Death, First, (Primary,) Small-Pox

Second, (Immediate,)

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, May 6th 882

Undertaker, Haerle

Place of Business, West Street near Light

Geo. N. Denson M. D., Medical Attendant.

Address, Bom. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6666 / *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Bates

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ——— *Months,* ——— *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 600 N. Carey

Cause of Death, First, (Primary,) Pneumonia ✓

Second, (Immediate,) 4

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 7 May

Undertaker, Jos. B. Doak

Place of Business, 707 W. Balto st

Thomas Opie M. D.,
Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56562 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie A Summers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 156 Barnes

Cause of death, First, (Primary,) Cardiac Dropsy

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 7

Undertaker, B Flach

Place of Business, 82 West

H. W. Welsh M. D.,
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56563 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August ~~Kronenberg~~ H Kronenberg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 145 James alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7

Undertaker, A. Mash

Place of Business, 82 West St

Theodore Costa M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56564 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Frances Whitworth

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 10 *Months,* 12 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 418 Lexington St.

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, May 7th 1882

Undertaker, N. J. Taylor

Place of Business, 74 N. Pine Address 279 W. Fayette St.

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 56505

The Special Attention of Physicians is Respectfully Invited to the [illegible] below, and [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Volkmar

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 210 St Eutaw

Cause of Death { First, (Primary,) asthma
Second, (Immediate,) dropsy

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

H. Adams M. D.
Medical Attendant.

Undertaker, F. N. Stoll

Place of Business, #131 Hanover *Address,* 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56566 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 188—

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Morris

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 48 Ray St - Race

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 7th

Undertaker, Geo Robins

Place of Business, 130 Hanover

Geo. W. Benson M. D.,
Medical Attendant.

Address, Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 3-65-67 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dodson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No. 242 Vine St.

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 7th 1882 D. Dimmitt Norris M. D.,

Undertaker, Alex. Heuisler Medical Attendant.

Place of Business, 116 Orchard *Address,* 561 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, also to list of Diseases on b...

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 566-68

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry ~~Charles~~ Carson Brent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 9 *Days.*

Color, White *Sex,* ———

~~*Married, Single, Widow or Widower?*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 108 W. Balto. St.

Duration of Residence in the City of Baltimore, Two moe. & 9 days

Place of Death, {Give street and number.} 108 W. Balto. St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8th 1882

Alexander Hill, *M. D.*
Medical Attendant.

Undertaker, Bockelman & Carman *Address* 43 N. Calvert St.

Place of Business, 38 Enon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 5-6569 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H. Malone

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~ {Cross out the word not required in this line.}

Occupation, Rag picker

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Cerebro Spinal meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, May 6 82

Undertaker, Fred A Kirchner

Place of Business, 501 Carrollton Ave

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56570 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Greenwood

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Cor East and Douglass St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Heart Disease

Duration of Last Sickness, 3 Minutes

All the above information should be furnished by the Physician.

Place of Burial Asbury Evergreen

Date of Burial, May 7 1882

Undertaker, William Berger

Place of Business, No 62 ~~East~~ Eastern Ave

Alexander Tinsley M. D.
~~Medical Attendant.~~
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 56571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Bowie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} 293 Robert St

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate,) ~

Duration of last Sickness, about a week

All the above Information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, May 6 1892

{ *Undertaker,* Wilkinson Dorsey
Place of Business No 62 East St

Robt L Mc Cast M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. MULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 56472

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 6 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th May, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brandel.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number} 215 Mulberry St.

Cause of Death First, (Primary,) Valvular Disease of Heart.

Second, (Immediate,) Dropsy - Congestion of Lungs

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 8 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 380 W. Fayette St.

E. W. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 56573 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 4 Morris alley Court

Cause of death, First, (Primary,) Dysentary

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, May 7

Undertaker, [redacted]

Place of Business, [redacted] *Address,* [redacted]

C. Edw[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-63-74 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inf. Sarah Ryth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Watchman B. & O. Express

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 15-9 N. Fremont St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7th

Undertaker, Adam Weidmyer

Place of Business, 518 W. Balto. St.

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 56575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H Mathews Jr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 1160 W Fayette St

Cause of Death, First, (Primary.) Measles - Inflammation Lungs

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 7th 1882

Undertaker, Denny & Mulholland

Place of Business, 5 W Fayette

J G Mendt *M.D.,*

Medical Attendant.

Address, 203 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56576 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 524 Druid Hill av

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, May 8 82

Undertaker, Dorsey & McCall

Place of Business, 525 W Fayette

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-6 5-77 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Grauch (Mother)

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 10 minutes *Days.*

Color, Colored

Married, Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 79 Preston St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 79 Preston St

Cause of Death, { First, (Primary,) ..... Second, (Immediate.) Debility (Twins and very small)

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial West Pat Cemetery

Date of Burial, May 8 82

Undertaker, Fred C. Kochiser

Place of Business, 501 Carrollton Ave *Address,* .....

Alexander Duvalay M. D.,
Medical Attendant.
Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56578 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Gotwerk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 382 N Eutaw

Cause of Death, First, (Primary.) 0

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 7th 1882

Undertaker, S. Pitt

Place of Business, 129 N Howard

C. J. Pfeiffer, *M. D.,*
Medical Attendant.

Address, 1 Mitchell Ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 5th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Carpenter

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not requred in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number} 317 S. Howard St

Burn

Cause of Death, First, (Primary.) Tetanus

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7 1892

Undertaker, G W Perkins & Son

Place of Business, 130 [illegible]

Ellis Mickeau M. D.
Medical Attendant.

Address, 157 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56380 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice E Howes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 202 S. Charles

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Erysipelatous Meningitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Friendship A. A. Co Md

Date of Burial, May 10th.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Jerome Cox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

26 & 8 Howes

Board of Health, City of Baltimore.

Permit No. 57581 *Office of Registrar of Vital Statistics.* Ward "E"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT MAY 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Wolfert n. 122.

Cause of death, First, (Primary,) } Apoplexia nervosa Cerebri

Second, (Immediate,) }

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem

Date of Burial, May 7. 1882

Undertaker, A. Standen & Son

Place of Business, 202 Caroline

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert n. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56582 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore May 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann F. W. Haak

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hinterpommern Germany

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 5 yrs 8, Locust Point Balto Md

Cause of death, First, (Primary,) Sore throat

Second, (Immediate,) Diptheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 7 1882

Undertaker, H. Snyder & Son

Place of Business, 202 Eastern Ave; *Address,*

Hutton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56583 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Maloney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Lloyd St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, May 7 1882

Undertaker, L H Byrne

Place of Business, 63 Front St

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56,584 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore A. Kibry

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Expressman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Louisville Kentucky

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of death, First, (Primary,) Loco. Motor ataxy

Second, (Immediate,) Bed sores & Exhaustion

Duration of Last Sickness, About Six months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 8th 1882

Undertaker, Elisha Cox

Place of Business, 847 & 86 Bank St

S. V. S. Woodman M. D.,
Medical Attendant.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56585

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A. Canard

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 4 Mo.

Place of Death, {Give street and number.} #82. Boston St. Canton

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Mo

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetri

Date of Burial, May 8 1882

Undertaker, John Hennig

Place of Business, 382 Orleans St

Wm H Norris M.D.,
Medical Attendant.

Address, 154 E. Balto.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 76586 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington Co Md

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and Number.} 17 Campbell ave

Cause of Death, First, (Primary,) Rupture Viscera

Second, (Immediate.) Heart "

Duration of Last Sickness, 5 hr. 10 minutes

All the above information should be furnished by the Physician.

Place of Burial Union Factory Balto. Co.

Date of Burial, May 8 1892

Undertaker, Chas. T. Stewart

Place of Business, 271 N. Eutaw St *Address,*

Alexander Tinsley M. D., Medical Attendant. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56587 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~August~~ May 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Howard

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 15 *Years.* — *Months.* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption & Heart Disease

Second, (Immediate,) —

Duration of Last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 29th

Undertaker, Geo Cook

Place of Business,

Edwd. F. Michael M. D.,
Medical Attendant.

Address, 283 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 16688 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm [illegible] Chandler

Sex. Male or ~~Female~~, { Cross out the word not required in this line. }

Age. ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 17 Harford Ave

Cause of Death, { First, (Primary,) } { Second, (Immediate.) } Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Monday May 8th

Undertaker, Charles T. Scriven

Place of Business, 271 N. Eutaw St *Address,* 36 Fremont Ave

Silas N Hinkley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore.

Permit No. 57689 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Davis Price

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 248½ William St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheritic Laryngitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet~~ Druid

Date of Burial, May 9th 1882

Undertaker, B. Harle

Place of Business, 82 West St.

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health. City of Baltimore,

Permit No. 3765-20 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Kunz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 128 De Camac St.

Cause of Death, ~~First~~ (Primary,) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial Trinity Church Cemetery

Date of Burial, May 8th 1882.

Undertaker, P. A. Fay

Place of Business, 91 E. Lan. Ave

R. A. D. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel B McGee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 231 Eastern Ave

Cause of Death, {First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56592 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Peters

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 29 years

Duration of Residence in the City of Baltimore, 2 whiles ab

Place of Death, { Give street and Number. }

Cause of Death, First, (Primary,) Rheumatism & Emphysema Heart & Lungs

Second, (Immediate,) 5 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, May 9th 1882

Undertaker, Jos B Cook,

Place of Business No 707 N Baltimore Address, three

Alexander Gunby M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. H. Ladrusky

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Fourty two Years, Months, Days.

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pr. Geo. Co Md.

Duration of Residence in the City of Baltimore, Thirty Four Years

Place of Death, {Give street and number} No 8 Montrose St Balt

Cause of Death, First, (Primary,) Chronic Cystitis

Second, (Immediate,) Uraemia

Duration of last Sickness, Under charge about diseased for 10 or 18 Years

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, May 7

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

Jno R. Quinan M. D.
Medical Attendant.

Address, 71 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56694 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Councilman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* —; *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 103 S. Streeter St

Duration of Residence in the City of Baltimore, Maryland

Place of Death, {Give street and Number.} Lifetime

Cause of Death, First, (~~Primary,~~) Chronic Cystitis

Second, (Immediate,) Uraemia

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 9

Undertaker, Joseph P Coates

Place of Business, 707 West Baltimore

J. W. McCann M. D.,
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 566-96

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mack

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 14 Hanover Street

Cause of Death, First, (Primary.) 3 Convulsions

Second, (Immediate.) 3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemt.

Date of Burial, May 8th 1882

Undertaker, Julius Haark,

Place of Business, 242. S. Bond St

Chas. Mosh M.D.,
Coroner & Medical Attendant.

Address, 67 Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7059

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward R. Lochning.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 11 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} S. W. Corner of Penn & Chew Sts.

Cause of Death First, (Primary,) Rubeola

Second, (Immediate,) Convulsions.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bal. Co.

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

J. H. White M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[son] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5659 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in e last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Charles German

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~. (Cross out the word not required in this line.)

Occupation, Shoemaker

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, (Give street and Number.) 229 N Howard St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate.) Seven days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co

Date of Burial, May 8" 1882

Undertaker, Wm H Hickman

Place of Business 234 N Gay St

Alexander Fraley M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 17598 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Welch.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 50 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Discharged Soldier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and Number. } 87 N. Schroeder

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

Duration of Last Sickness, Under my Medical treatment 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial. St. Patricks R.C.

Date of Burial. May 9

Undertaker, B. Hurley

Place of Business, 42 West St. *Address,*

A. Hoelscher M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56599 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Neal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 — *Years,* 9 — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 13 Eliz Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Small pox ~~1 day~~

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 8

Undertaker, B. Flanly

Place of Business, 82 West St.

Medical Attendant. M. D.,

Address, 146 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 876 Cwd

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6th "82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sophia Chalk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days.*

Color, White "

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} 128 West Hoffman St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 8th 1882

Undertaker, Thos S Hayes

Place of Business, 606 Bauch

Edward [illegible], M.D.,
Medical Attendant.

Address, 2

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 37601 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus R Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 229 Madison Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 10th 1882

Undertaker, Thos. E Hayes

Place of Business, [illegible] *Address,* 73 E Balto St

I. W. Hoeck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6662 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Oppenheimer,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Locksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two yrs.

Place of Death, {Give street and Number.} 20 Thames St.

Cause of Death, First, (Primary,) Spasm of stomach of malarial Origin.

Second, (Immediate,) Abdominal distention by gas

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Eden A Hebrew Cemetery

Date of Burial, May 9th 1882

Undertaker, Wm. Elam

Place of Business, 101 Gough St

G. Glanville Kuck M. D., Medical Attendant.

Address, Balt'd Mark. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56603

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 — *Years,* 8 — *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St. Mary's Indus. School for Boys.

Cause of Death, First, (Primary.) Malaria —

Second, (Immediate.) Congestion of Liver —

Duration of Last Sickness, 48 hours —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8/82

Undertaker, Daniel Flynn &c

Place of Business, West near Cha

R. H. Goldsmith M.D.,

Medical Attendant.

Address, Hanover near Clay —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5760 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Wallace

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 8, *Months,* 23 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 215 Hamilton

Cause of Death, First, (Primary.)

Second, (Immediate,) Pleuro Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9th

Undertaker, Henry Price

Place of Business, Henrietta St 81

Theodore Bode M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 16605 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 18 Paterson Ave

Cause of Death, First, (Primary.) Pleura Pulmonales

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 8th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

G. D. Howell M. D.,

Medical Attendant.

Address, Cem & Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 56606 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 7 p m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August. Elbel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 92 Thames

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 92 Thames

Cause of death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. [illegible]

Date of Burial, May 8th 18[illegible] John. G. Fiser, M. D.,

Medical Attendant.

Undertaker, H. Sauder & Sons

Place of Business, 252 Canton Ave, 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Cain

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 26 Josephine St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 26 Josephine St

Cause of Death, First, (Primary.) Bachitis (Conj)

Second, (Immediate.) —

Duration of Last Sickness, 6 da

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May 9th

Undertaker, Henson & Sephus

Place of Business, 17 & 2nd Hill Ave

W. F. Henson M.D.,

Medical Attendant.

Address, West North Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 56608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Lovett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 48 Park St.

Cause of Death, First, (Primary.) Cerebro Meningitis Laryngitis

Second, (Immediate.) Asthenia

4 da

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Frederick Co Md

Date of Burial, May 10th 1882

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

A. F. Wright M.D.,

Medical Attendant.

Address, Glen Mulberry 5th

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5669 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Mauer Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 207 E. Pratt St

Cause of death, First, (Primary,) Eczema Infant. (Genuine)

Second, (Immediate,) Pyaemia & Exhaustion

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 1882

Undertaker, Denny & Mitchell

Place of Business, 163 S Broadway

R. H. Mifflin M. D.,

Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56618 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Remmington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland (Summerset Co.)

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and Number.} 66 S. Ann St.

Cause of Death, First, (Primary,) Phthesis Pulmonatis

Second, (Immediate,) Exhaustion from hemorrhage

Duration of Last Sickness, about 5 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, May 10th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 376 Bank St

C. J. Bone M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37611 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years.* *Months.* *Days.*

Color W

Married. ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bacto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Moores al

Cause of death, First, (Primary,) Acute Phthisis

Second, (Immediate,)

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9 1882

Undertaker, Alf Hemsley

Place of Business 116 Orchard St

R. Winslow M. D.,

Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5-6612 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin ~~Burghard~~ Garrelty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Lee st

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, May 8th 1882

Undertaker, C F Kramer

Place of Business,

H W Mebel M. D.,
Medical Attendant.

Address, 57 Lyon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5663 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignaz Bordaskewicz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia; Germany 4 weeks.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Philpots tract 60.

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Hy'drops Anasarca 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 8th 82

Undertaker, G. Franer

Place of Business, Bonk & Wolf's Pt *Address,* S. Wolfert 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57617 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucinda Watts

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 10 *Months,* ..... *Days,*

Color, C or C.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B C.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 140 S. Della

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 8th 1882

Undertaker, Geo J Loeks

Place of Business, 472 Jefferson

J. L. Winkler M. D., Medical Attendant.

Address, 74 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 26675 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1882

CERTIFICATE OF DEATH.

Date of Death, Saturday May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co. Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 109 Harmony Lane

Cause of death, First, (Primary,) ^

Second, (Immediate,) Tabes Mesenterica

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8th

Undertaker, Chas A White

Place of Business, 35 Granby st

Simmons M. D.,
(Medical Attendant.)

Address, 561 W Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore

Permit No. 56616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Mattie-

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cooper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 5 Little Second St.

Cause of Death, First, (Primary.) Consumption of both Lungs

Second, (Immediate.) do —

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 10th 1882

Undertaker, M. Coolahan & Son

Place of Business, 20 Valley St.

G. A. D. Lemmé M.D.,
Medical Attendant.

Address, # 8 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 Board of Health, City of Baltimore,

Permit No. 56617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* ——— *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Chester Penna

Duration of Residence in the City of Baltimore, 11 Mos.

Place of Death, {Give street and number} 24 Rinehally

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate,) Dropsy

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co.

Date of Burial, 8 or 9 May

Undertaker, J. Waltemeyer

Place of Business, 341 [illegible]

G. W. Jones M. D.
Medical Attendant.

Address, Cor. Sticker & Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16618 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Donaldson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 27. 10. 3

Place of Death, {Give street and number.} 3 Raindale St.

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption 4 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 9

Undertaker, B Rude

Place of Business, 82 W Pratt

R. C. Lee M. D.,
Medical Attendant.

Address, Haven & Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-6619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, John R McCann May 8th /82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R McCann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* + *Months,* + *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Distiller

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, about 50 yrs.

Place of Death, {Give street and number.} No 78 Dolphin St Balto.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Nervous Prostration.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th

Undertaker, Stewart & Mowen *Address* 119 N Charles St

Place of Business,

J. Atkinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 56620 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane E Hackett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ... *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 216 Hanover St

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, May 8th 1882

Undertaker, Thos. F. Kelly

Place of Business, 130 Henrietta St

W S Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6621 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kachan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow or Widower

Occupation, ~~Baltimore~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ~~Baltimore~~

Place of Death, {Give street and number.} No 57 S. Highst

Cause of death, First, (Primary,) Cerebro-spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 9 1882

Undertaker, Wm H Hickman

Place of Business, 934 N. Gay St

L O Anderuk M. D.,
Medical Attendant.

Address, 125 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Balti...

Permit No. 5 6 6 3 2.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Vogler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer & builder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give street and number.} Harford ave

Cause of Death, First, (Primary.) (~~Suddenly~~) Paralysis of heart

Second, (Immediate.) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, May 9 1882

Undertaker, Wm H Hutchman

Place of Business, 234 N 2 ave

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56623 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Gurry

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years,~~ Months, 5 Minutes Days,

Color, Colored.

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } N. E. Cor. Arlington & Lanvale Sts. Saratoga St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } N. E. Cor Arlington Ave & Lanvale a Saratoga

Cause of Death, First, (Primary.) Hypotrecia with Bronchial complications

Second, (Immediate.) Intermittal Labor.

Duration of Last Sickness, Face presentation

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, May 9 1882 } A. Wilson M. D.,

Undertaker, J. B. Cook } Medical Attendant.

Place of Business, 709 W. Balto. St. *Address,* 413 E. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore.

Permit No. 56624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } ~~Sarah~~ Krom

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 63 *Years,* — *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Frederick Co Md

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, { Give street and number. } # 82 George St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) "

Duration of Last Sickness, 10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 9th 1882

Undertaker, Chas T Scriven

Place of Business, 271 E Eutaw St

D. A. Bell M.D.,
Medical Attendant.

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Box

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the [illegible] Board of Health,

Permit No. 16625 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Frances Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (about) 68 *Years,* — *Months,* — *Days.*

Color Ed —

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, Domestic duties —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George's Co — Md

Duration of Residence in the City of Baltimore, 28 years (about)

Place of Death, {Give street and number.} 62 Myrtle ave

Cause of death, First, (Primary,) Cerebritis —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 9th 1882

Undertaker, J. C. Jordan

Place of Business, 62 Park Ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66626 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Salerno

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Restaurateur

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Spain

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and Number. } 21 N. High St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cirrhosis of Liver

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 8 1882

Undertaker, Jos C Byrne

Place of Business, 63 Fremont

C. W. Hinck M. D.,
Medical Attendant.

Address, 731 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56627 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 1 N. Bond [illegible]

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate.) [illegible]

Duration of Last Sickness, [illegible] Days

All the above information should be furnished by the Physician.

Place of Burial 1st Evangl. Luth Cemetery

Date of Burial, May 9th 1892

Undertaker, H. Sander & Son

Place of Business, 252 Central Ave *Address,* [illegible]

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56628 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo F. Hansch

~~Sex,~~ *Male or* ~~*Female*~~ {Cross out the word not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Telegraph Operator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) – Comp. Conc. Fire of Lg-

Second, (Immediate,) Exhaustion from hemorrhage

Duration of Last Sickness, 18 hrs.

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, May 9th 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Gutaw St

Edw Nolte M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 37629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1882 at 3 O'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jewette

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 221 Dock St. Baltimore

Cause of Death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cem

Date of Burial, May 9/2

Undertaker, Fa Hoelscher

Place of Business, —

C. C. Keiser M. D.
Medical Attendant.

Address, Southeast Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 56630 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stone Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 1622 Eutaw St

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,) Fever

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 9th 1882

Undertaker, Wm A Davis

Place of Business, 74 S. Bond } *Address,*

P. Kelly *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56631 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus H. Cook

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 674 Lombard

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,) Pyaemia

Duration of Last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, May. 10 1882

Undertaker, J. B. Cook

Place of Business. 707 W. Balto. St. *Address,*

[signature] *Attending* M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56632

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cowen.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Cutter.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 40 yrs in U. S.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number.} #28 Guilford alley.

Cause of Death, First, (Primary.) Amyloid degeneration of kidneys / Chronic nephritis

Second, (Immediate.) Uraemia

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 10th 1882

Undertaker, C. F. Kranz

Place of Business,

James Brown M.D.,
Medical Attendant.

Address, #110 N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56633

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina M. Bell

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 30 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 162 Chesapeake

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, 19 Days -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 9th May 1882

Undertaker, W Harker

Place of Business, 411 Light St

E. D. Williams, *M.D.,*
Medical Attendant.

Address, 33 Elliott

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5-6634 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Burbage

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 ~~4~~ *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1027 N Eden St

Cause of death, First, (Primary,) Scrofulous Malaria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 10th

Undertaker, Geo Schilling

Place of Business,

Albaner, M. D.,
Medical Attendant.

Address, 258 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Oberman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Mt. Hathorp Asylum Central ave.

Cause of Death, First, (Primary.) Congestion of the Chest,

Second, (Immediate.)

Duration of Last Sickness, 30 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Ct

Date of Burial, May 10 1892

Undertaker, Isley Stock

Place of Business, 309 N Paca St

John B. Ellemann M.D.,
Medical Attendant.

Address, 5 E. Saratoga

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 56636

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chs. F. Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Penn

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } S. W. East & Eutaw sts

Cause of Death, First, (Primary.) Scarlet Fever & Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cl.

Date of Burial, May 10th 1882

Undertaker, Henry Hock

Place of Business, 309 N Eutaw St *Address,* 256 E. John st

Wm. B. Billingslea M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56637 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Morrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~DC~~ Virginia

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 9

Undertaker, J. B. Cook

Place of Business,

Edwd. F. Michael M. D.,
Medical Attendant.

Address, 293 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56638 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gibney

~~Sex.~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 84 Richmond St. –

Cause of death, First, (Primary,) Consumption –

Second, (Immediate,) Lockjaw

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 9th 1882

Undertaker, STEWART & BURLE, UNDERTAKERS, 35 Park Ave.

Place of Business,

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 N Bedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 17639 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Maria Senonitch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 10. Addison St

Cause of death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May 9 1882

Undertaker, James W Byrne

Place of Business, No 63 N Front

J J Grove. *M. D.,*

Medical Attendant.

Address, 137 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore.

Permit No. 5-6640

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, last Saturday night after one o Clock

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hartkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give street and number.} No 4 Walsh ally between Paca and Eutaw St

Cause of Death, First, (Primary.) Compt consumtion

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial

Date of Burial, May the 9th

Undertaker, Wm Sefers

Place of Business, Rose St.

he went to Dr Donelson

Formerly

Geo. N. Donson M.D.,

~~Medical Attendant.~~

Address, Corn of Hanover & Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 56641 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Myers

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1113 South Ann St

Cause of Death, { First, (Primary,) Old Age
Second, (Immediate,) " "

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Stafford Co Va

Date of Burial, May 10/82

Undertaker, W. M. Leonard

Place of Business, 742 W Balto St

Geo. H Benson M. D.,
Medical Attendant.

Address, 844 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other Person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Sophie Myers

Board of Health, City of Baltimore,

Permit No. 17642

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th May 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Davis Jr.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Five *Years,* One *Months,* 22 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City Md U.S.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 103 S. Fell St.

Cause of Death, First, (Primary.) Malarial fever, with nervous complications

Second, (Immediate.) Cerebral congestion et coma

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, 12th May.

Undertaker, J. Davis Jr.

Place of Business, 103 Fell St.

J. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

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Board of Health, City of Baltimore,

Permit No. 566 43

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 1882

CERTIFICATE OF DEATH.

Date of Death, May the 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } No 10 Exfort Street

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Consumption

Duration of Last Sickness, Sins Bourn

All the above information should be furnished by the Physician.

Place of Burial, Laurel Com

Date of Burial, May the 10th

Undertaker, Wm Gray

Place of Business, on Millbary St

Geo. W. Dawson M.D.,

~~Medical Attendant.~~ Commiss of Health

Address, † Registrar

Com, Weinman

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 26644 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Rosenbrock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 69 Fort Ave.

Cause of Death, First, (Primary,) General debility

Second, (Immediate,) Inanition & Debility

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, May 10th 1882

Undertaker, Ramsay & Denn

Place of Business, 263 Light st

A. J. P. Ellis M. D.,

Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special ATTENTION of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 56645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said (deceased), or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolfia Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 11 6 *Months,* ——— *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 Gravel Alley

Cause of Death, {First (Primary,) ———

{Second (Immediate,) Gastritis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 8th 1884

{*Undertaker,* Wm H Dorsey

{*Place of Business,* 62 West st

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56646 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Dorsey

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months.* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 165 N. Central Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, May 9th 1882

Undertaker, Wm H Dungee

Place of Business, No 62 East st

J J Levy M. D.,
Medical Attendant.

Address, 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56647 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Frank

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and Number.} 159 Eden St

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Marasmus

Duration of Last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, May 11th 1892

Undertaker, Wm Eiler

Place of Business, 101 Gough St

Medical Attendant. Milton A Taylor M. D.,

Address, Broadway & Inv Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 52648 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Heuschen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 11, *Months.* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 188 S. Sharp St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Chronic Valvular disease of Heart,

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th

Undertaker, J. B. Sloman

Place of Business, 210 S. Sharp St.

R. J. N. Tall, M. D.,
Medical Attendant.

Address, 152. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4 15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

Date of Death, May 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Benjamin Everett Smith

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 59 *Years,* 1 *Months,* 4 *Days.*

Color, White *Sex,* male

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Editor of Worcester Co Md Shield

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent county Md

Duration of Residence in the City of Baltimore, Residing Snow Hill Worcester co Md Has been in the city much of his time for about 14 months

Place of Death, {Give street and number.} Clarendon Hotel Pratt & Hanover

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Heart

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Md

Date of Burial, May 11th 1882

Richd Sappington M. D.
Medical Attendant.

Undertaker, Buckelman & Carman

Place of Business, 38 Ensor st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57660 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 Hanburg St

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md.

Date of Burial, May 11th 1882

Undertaker, Robt. W. Chase

Place of Business, 58 S. Howard St

J. W. Webster M. D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 16651 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward H. Carpenter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 4 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 302 N. Bond St.

Cause of death, First, (Primary,) Diphtheria & Scarlatina

Second, (Immediate,)

Duration of Last Sickness, About one week

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 20 Greenmount Ave

W. W. White, *M. D.,*
Medical Attendant.

Address, 2402 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Permit No. 5665-2

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joh. D. Bops

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88. *Years,* 6. *Months,* *Days.*

Color, white

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 50 N Lombard St

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, ab 1 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 11th 1882

Undertaker, Wm. C. Weaver

Place of Business, No 202 N. Eutaw St

C. Matthews *M.D.,*
Medical Attendant.

Address, 57 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore.

Permit No. 57653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H. Boyd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number.} 200. Mosher St.

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) " "

Duration of Last Sickness, 14 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 11th 1882

Undertaker, Wm. Maurer

Place of Business, 1202 N. Eutaw

W. Boyd M.D.,
Medical Attendant.

Address, 421 Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rule 9 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56654 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10/1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Conway

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } female

Age, 5 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 8 Church Street

Cause of Death, { First, (Primary,) Scrofula Inf / Second, (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 12 82

Undertaker, B Harle

Place of Business,

Geo. W. Benson M. D.
Medical Attendant.

Address, Com of Health Depart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnis within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, an the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

Board of Health, City of Baltimore,

Permit No. 6665 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH BOARD MAY 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Jacob Coates

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, (Col)

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pierce St. Balt

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } No 93 Asch st Balt.

Cause of death, First, (Primary,) Accidental Fall

Second, (Immediate,) Congestion of the Brain

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Lorril cemetry

Date of Burial, May 10

Undertaker, Theo J. Locke

Place of Business, 73 Jefferson st *Address,* ———

Jas. S. Fuller *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56656 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 46 *Years,* *Months,* *Days.*

Color, black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 317 N. Howard

Cause of death, First, (Primary,) apoplexy

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 11th 1892

Undertaker, J. B. Gordon

Place of Business, 60 South St.

A. Jones Dunnigan M. D.,
Medical Attendant.

Address, 12 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57665

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Gunther

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 5 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saleswoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 180 Linden ave

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.) Scarlet fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 12th

Undertaker, Edw. L. Sovern

Place of Business, 27 W Eutaw

T. P. Morgan M.D.,
Medical Attendant.

Address, 119 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donald McDougall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Umbrella mender

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Pleurisy

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, May 11 —

Undertaker, A Kinnaird

Place of Business, Greenmount Cemetery

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 88 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 88 years

Place of Death, {Give street and number} 70 E Monument St

Cause of Death {First, (Primary,) Old age

{Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th

Undertaker, Hewson & Sanders

Place of Business, 27 Druid Hill Ave

Dr. A. Gillis M. D.
Medical Attendant.

Address, 50 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36660 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Sewell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, ~~ed~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 63 Moores alley

Cause of Death, First, (Primary.) Burn

Second, (Immediate.) 4

Duration of Last Sickness, about 10 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, May 11 1892

Undertaker, J S Holmes

Place of Business, 1[illegible] Broadway

B B Browne M. D.,
Medical Attendant.

Address, 307 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] to the Reverse Side, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 56661

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest W. Horstmeir

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 22 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 27 Garden St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 12 th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

A Lregd Schwartze M.D.,

Medical Attendant.

Address, 11 S. Hupt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56663 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Woods

Date of Burial, May 11th 1892

Undertaker,

Place of Business,

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 13 / 57663

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Nicholson Brown.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 14 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 39 Raborg St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 Raborg St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 12th 1882

Undertaker, Alex O'Connley

Place of Business, 116 Richard St *Address,* 380 W. Fayette St.

S. W. Littell, *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

rmit No. 56664 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, ~~5 6 6 6 4~~ May 10, 1882

ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Straughn

ex, Male or ~~Female~~, {Cross out the word not required in this line.}

ge, 41 Years, — Months, — Days.

olor, White

~~arried~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

ccupation, Painter

irthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

uration of Residence in the City of Baltimore,

lace of Death, {Give street and number.} 191 N. Caroline Street

ause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

uration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

lace of Burial, Baltimore Cemetery

ate of Burial, May 11. 1882

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

E. H. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the se and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 18 56665

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Amanda Miller

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, Years, 11 Months, 10 Days.

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Paeto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 204 S. Eutaw St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Wester Cemetery

Date of Burial, May 12

Undertaker, B. Hearle

Place of Business, 82 West St.

Geo. N Benson M.D.,

Medical Attendant.

Address, 144 Hanover St City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36666 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fogleson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 13 Penna Ave

Cause of Death, First, (Primary,) Carbuncle, Chorea & Miscarriage

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, May 12

Undertaker, Walter Immel

Place of Business, 515 W. Baltimore *Address,* 89 Greene St.

J. Miller, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ion of ... below, and to List of Diseases on Back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 11 1882

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Swann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co Md

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number.} No 88 Moores alley

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, May 12th

{*Undertaker,* Hinson & Sephens / *Place of Business.* 27 Druid Hill Ave}

H C Nelson M. D.
Medical Attendant.

Address Cashow & Bacon
S. E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 6668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Lynch

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 366 N. E. Donough St.

Cause of Death, First, (Primary,) Phlegmonous Erysipelas of the Head

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, May 11 1882

John R. White M. D.
Medical Attendant.

Undertaker, Jno C Byrne

Place of Business, 63 Hanover *Address,* 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16669 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882 9:45 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McCauley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male,

Age, 54 *Years,* 7 *Months,* ——— *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give street and number.} No. 203 S. Paca Street.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 12th 1882

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

Wm. H. Scarlett M. D.,
Medical Attendant.

Address, 1 E. Cor. Columbia Av. & Fremont Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10,670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Blake

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 0 *Months,* some *Days.*

Color, bright colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N.E. Cor. Second St. & P. O. Avenue

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, May 11 1882

Undertaker, William Dunger

Place of Business, No 62 East Street

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Notice... ...Reverse Side... ...List of Diseases on Back of this Certificat...

Board of Health, City of Baltimore,

Permit No. 36671 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Grant Col^d Mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 3 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 79 Preston st

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 79 Preston st

Cause of Death, First, (Primary,) Debility (Teeth).

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemetery

Date of Burial, May 10/82

Undertaker, Fred A Kirchner

Place of Business, 50 Carrollton Ave

Alexander Sanley M.D.

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians [illegible] invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. ..... *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* 5 *Days,*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 79 Preston St

Cause of Death, { First, (Primary,) Asthma

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W B & C

Date of Burial, May 9th 1882

{ *Undertaker,* F. A. Henderson

{ *Place of Business,* .....

Jas. H. Brown M. D.,

Medical Attendant.

Address, Corner of Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Conney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Cancer of the Breast

Second (Immediate,)

Duration of Last Sickness, Six Year

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, May 12th 1882

Undertaker, M A Daiger

Place of Business, 745 Broadway

Edwd F. Nicholson M. D.
Medical Attendant.

Address 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 56673 *Office of Registrar of Vital Statistics.* Ward 17

e Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

of Death, May 10 1882

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Viena Pacey

~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Years, 8 *Months,* 18 *Days.*

White

ried, Single, Widow or Widower, {Cross out the word not required in this line.}

pation,

place, {State or country, and how long in the United States, if of foreign birth.} Balto

ution of Residence in the City of Baltimore,

e of Death, {Give street and number.} Lowson st L. Point

e of death, First, (Primary,) Constipation & Teething

Second, (Immediate,) Convulsions or Spasms

ution of Last Sickness, 6 hours

ll the above information should be furnished by the Physician.

e of Burial, Baltimore Cemetery

of Burial, May 11" 1882

ndertaker, Wm a Daiger

ace of Business, 74 S. Broadway

E H Janney M. D.,
Medical Attendant.

Address, 260 E Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 6674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah S. Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* 0 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and number} 176 E. Pratt St.

Cause of Death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) asthenia.

Duration of last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Balti Hebrew Cemetery

Date of Burial, May 12th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

23 F Leon M. D.
Medical Attendant.

Address, 34 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ceipt of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56675 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Preston Gates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give street and number.} 97 S. Paca St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Lankester Va

Date of Burial, May 12/82

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Address, Hanover & Baltimore Sts

R. C. Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th May, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura F. Williams

Sex, Male or Female, {cross out the word not required in this line.} Femal

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pomer Geo. Co. Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 24 Clinton Av

Cause of Death {First, (Primary,) Phthisis Pneumonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, may 11 1882

Undertaker, William Mangold

Place of Business, No 62 Eort 3rd st

J. W. Bates M. D.
Medical Attendant.

Address, 1/2 D. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 46677 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Schneider

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 10 N Wolfe St

Cause of Death, First, (Primary,) Cong. Spasms

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 12th 84

Undertaker, G. Trone

Place of Business, Bank & Wolfe *Address,*

D. Hill, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-6678 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Gill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 16 N Wharf

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 11th 82

Undertaker, G France

Place of Business, Bond & Wolfe Sts. *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 56679

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Prout

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* / *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 614 Church St

Cause of Death. First, (Primary.) Malarial Fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1882

Undertaker, Fust & Dressing

Place of Business, 130 Fremont St

A. K. Hood Jr M.D.,
Medical Attendant.

Address, 207 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 6680 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22d, 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Leist —

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, — / *Years,* ... / 1 *Months,* 14 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St. Vincent's, asylum.

Cause of Death, First, (Primary,) Scrofulous Mother —

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Never Well.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 11th, 1882.

Undertaker, Pat. Hunt.

Place of Business, Asylum.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 26681 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 325 E. Lombard St

Cause of Death, First, (Primary.) Pleuritic Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, May 12th

Undertaker, John Funk

Place of Business, 24 S. Howard St. *Address* 105 N. Central Ave.

Francis X. Jones *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7 / 56682

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Winton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 307 Harford Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 12

Undertaker, J. F. Loane

Place of Business, 654 Baltimore St

Wm. B. Billingslea M.D.,
Medical Attendant.

Address, 254 E Johnson st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56683 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver H. Wilkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 295 Mc Donough

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Meningitis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Balt° Cemetery

Date of Burial, Friday noon 12th

Undertaker, Frz. Bro

Place of Business, Broadway

E. B. Fenby M. D.,
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56684 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie McAnee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 *Years,* 9 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } No 30 Dust Al

Cause of Death, First, (Primary,) Variola Discrete

Second, (Immediate,) Prostration

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, 17 Virginia Cemetery

Date of Burial, May 12

Undertaker, B. Hearle

Place of Business, —

C. A. Buddenbohm M. D., Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of P[illegible] respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56685 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Autry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Eating pl

Cause of Death, First, (Primary,) Measles

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 12.

Undertaker, Walter Immel

Place of Business, 315 W. Balt st

H. C. Hower M. D.,
Medical Attendant.

Address, Carey & Baltimore sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56656 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wealty.

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Acute of Penis.

Second, (Immediate,)

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial Charles St.

Date of Burial, May 11

Undertaker, J. H Owens

Place of Business.

E. Van Note M. D.,

Medical Attendant

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...se and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention to [illegible] is especially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 56687

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Lawrason Buckler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 135 N Charles St

Cause of Death, First, (Primary.) Malignant Diph Thenia

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty.

Date of Burial, May 12th 1882

Undertaker, Henry W. Jenkins Son

Place of Business, 90 E. Chases.

Samuel Johnston M.D.,
Medical Attendant.

Address, 80 W. Monument.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56688 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Ireher.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 182 Fort Av.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,) Uraemia.

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13th

Undertaker, Meath & Shields

Place of Business, 60 N Carrollton ave

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56689 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Eronbardt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 235 E Madison St

Cause of Death, First, (Primary,) Sense cold

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co mtr.

Date of Burial, May 12 1882

Milton A Taylor M. D., Medical Attendant.

Undertaker, John H Kerr's

Place of Business, 382 Orleans St. Address, Broadway & Inc Eldersly

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 56690 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Rider

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty-five years.

Place of Death, {Give street and number.} #276 Eastern Av.

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 12. 1882

Undertaker, John Kerney

Place of Business, 882 Orleans St

John H. Kelbergen M. D., Medical Attendant.

Address, #243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56691 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 169 Fairmount Ave

Cause of Death, First, (Primary,) Bright's Desease

Second, (Immediate.) ~~Disease~~ Uremia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Sunday May 14th 82

Undertaker, H W Dewees & Son

Place of Business. 75 N Charles

C. T. Bruns M. D.,

Medical Attendant.

Address, 375 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Downing

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington Co. N. C.

Duration of Residence in the City of Baltimore, two days

Place of Death, {Give street and number} 51 Saratoga St.

Cause of Death First, (Primary,) Ovarian tumor

Second, (Immediate,) Marasmus

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Plymouth Va.

Date of Burial, May 2nd 1882.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

T. J. Shackelford M. D.
Medical Attendant.

Address, 51 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56693 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Falkenhahn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 135 S. Caroline St.

Cause of death, First, (Primary,) Diptheria.

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 12th

Undertaker, C. J. Frank

Place of Business, 24 S. Wolf St. *Address,* 343 Alice Anna St

John H. Kellberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56694

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 12 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 32.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Wolfes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2d yrs

Place of Death, { Give street and number. } 189 Fairmount Ave

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate.) Cerebritis

Duration of Last Sickness, 11 days,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 12

Undertaker, [illegible]

Place of Business, [illegible]

John B. Timmons M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...from Attending Physician, and to be promptly handed to the Undertaker below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 56696

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 321 E. Howard St.

Cause of Death, First, (Primary.) Natural - Puerperal Metritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week 10

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12th 1882

Undertaker, Jacob Jarvis

Place of Business, 103 Le Sq

G. K. Cullen *M.D.,*

Medical Attendant.

Address, 203 E. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57696 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Grace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and Number.} 10 Hollins St

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 13th 1882

Undertaker, A Kuehler

Place of Business, 244 E. Lombard St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56697

Office of Registrar of Vital Statistics. 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carle Rettaghata

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norway and Italy

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 67 Carey Street

Cause of Death, First, (Primary.) Old Age ✓

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, May 13 1882

Undertaker, Jas. B. Byrne

Place of Business, 63 Hanover

L. S. Hunsman *M.D.,*

Medical Attendant.

Address, 736 E. South St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56698 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Danziger

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 2 *Years.* 5 *Months.* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 66 E Monument

Cause of Death, { First, (Primary.) Convulsions / Second, (Immediate.) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13 / 1882 Wm Lamed Tooley M. D.,

{ *Undertaker,* Jno J. Gaughan / *Place of Business,* 161 Mulberry } *Address,* City Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Persons is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 56699

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1892 BALTIMORE

Date of Death, May 11 — 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katrini Volz

Sex, ~~Male or~~ Female. { Cross out the word not required in this line. }

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 8 Horn St.

Cause of Death, First, (Primary.) Placenta Previa

Second, (Immediate.) Syncope from Uterine Hem.

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cem.

Date of Burial, May 21. 1892.

Undertaker, H. Hofmann.

Place of Business, 134 N. Eden St, *Address,* 75 High St.

Frank G Moyer M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5670 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M L Conway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 35-7 Ramsay alley

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 12th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

James Bowling M. D., Medical Attendant.

Address, 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 56701 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Beer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 m *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 1 6 7 m

Place of Death, {Give street and number.} 20 Hammond alley

Cause of death, First, (Primary,) Whoop —

Second, (Immediate,) Pleuro-pneumonia

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 13th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo. H. Reynolds M. D.,
Medical Attendant.

Address, Calvert Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 16702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Wohlers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 304 N Monument St

Cause of Death, First, (Primary.) Phthisis pulm.

Second, (Immediate.)

Duration of Last Sickness, 1 & 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'ty

Date of Burial, May 13th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882 at 9 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Woodbery

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, in Neighborhood of ___ Years, ___ Months, 80 years ___ Days.

Color, Black

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Cook for 30 years

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and number} 121 Dorsey Street

Cause of Death, {First, (Primary,) Old Age
Second, (Immediate,) 13 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 14 1882

Undertaker, R. H. Chase

Place of Business, 92 Howard St.

C. C. Richardson M. D.
Medical Attendant.

Address, Loudon & Rowe 6 Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 46

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-6704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Campbell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [redacted]more

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 10 Frace St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Exanthem

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Fellers Cemetery

Date of Burial, May 12 1882

Undertaker, C W Chase

Place of Business, 168 Howard St

Wm B Turner M. D.
Medical Attendant.

Address, NE Cor Green & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 26705 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Elizabeth Powers

Sex, ~~Male~~ or *Female,* (Cross out the word not required in this line.)

Age, 82 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow, or Widower, (Cross out the word not required in this line.) ✓

Occupation, ?

Birthplace, (State or country and how long in the United States, if of foreign birth.) Md.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, (Give street and Number.) Aged Womans Home

Cause of Death, First. (Primary.) Paralysis

Second. (Immediate.) Three Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, 13th May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 754 St. Charles *Address,* 207 Mat Av

H. M. Nelson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6706 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Lentz

~~*Sex, Male or* Female,~~ { Cross out the word not required in this line. }

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and Number. } 40 h Dunham

Cause of Death, { First, (Primary,) Metro - Peritonitis puerperalis Second, (Immediate,) Collapse

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cem.

Date of Burial, May 13th 82

Undertaker, M. Franz

Place of Business, Bantz & Wolf *Address,* 29 & Monroe

Fletcher M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...election of ... Register Book of the ... Letter below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66707 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Fecher.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* ..... *Months,* 3 Weeks *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 169 Elliotts

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Stamo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 13th

Undertaker, G Frances

Place of Business, Bank & Wood

Jno. W. Gordon M. D.,
Medical Attendant.

Address, Commissioners

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56708 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary F. Swanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London Eng

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 24. Scott St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 13th 1882

Undertaker, Eschbach

Place of Business, 84 & 86 Saratoga St

Edw. F. Nicholson M. D.,
Medical Attendant.

Address, 283 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Cloth

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} # 200 Hanover St

Cause of Death, First, (Primary.) Erysipelas Inflammation in the left foot & leg

Second, (Immediate.) Dropsy of the Abdomen Chest

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13 1882

Undertaker, H Rees

Place of Business, Conroy & Griffin

Sam'l J. Bibb M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6710 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Fitzgerald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* 6 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Philadelphia Road opposite Methodist Burying Ground

Cause of death, First, (Primary,) Rubeola

Second, (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14 1882

Undertaker, John Kenney

Place of Business, 382 Canton St

Wm. E. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Location of Physician to be respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56711 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant no name named, give names of parents. } Alice McNarry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } —

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 13 Heath St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 22 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 15th 1882

Undertaker, B Hartle

Place of Business, West St

Rev. J. F. Powers M. D.,
Medical Attendant.

Address Cor of Heath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Rev J F Powers
Catholic

Board of Health, City of Baltimore,

Permit No. 5672 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Maria L Darnidson

Sex, Male or Female, (Cross out the word not required in this line.) female

Age, 43 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Widow

Occupation, H C

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, (Give street and Number.) 109 Hillen ct

Cause of Death, First, (Primary.) Carcinoma Uteri

Second, (Immediate.) Synocope

Duration of Last Sickness, 4 Mo —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13. 1882

Undertaker, Wm Huckemann

Place of Business, 231 N. Gay St. *Address,* 408 [illegible]

D. Shull *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

...Physician, Sexton or Undertaker, to the Health's Desk, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Bantone

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 1 Month *Months,* ..... *Days.*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 116 N. Regester Street

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 116 N. Regester

Cause of Death { First, (Primary,) Cold in vent Most { Second, (Immediate,) Catarhal Diphtheria

Duration of last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtry

Date of Burial, May 13th 882

Undertaker, Theodore J Tasch

Place of Business, 73 Jefferson St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36714 *Office of Registrar of Vital Statistics.* Ward ~~11~~ 8.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12: 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mclain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 8 S. Broadway

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 14th 1882

Undertaker, Danl J Mitchell

Place of Business, 66 S Broadway

James E Donnelly M. D.,
Medical Attendant.

Address, 99 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Bruguiere

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House painter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, 38 Franklin St Balto.

Place of Death, {Give street and number.} 17 years — can live above —

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Hypertrophy of Heart with Contracted Kidney

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial New Cath. Cy.

Date of Burial, May 13 1882

A A Atkinson M. D.
Medical Attendant.

Undertaker,

Place of Business, STEWART & BOWEN, UNDERTAKERS, 30 Park ave.

Address 119 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-6716 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles F. Delling

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* 6 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Brick-Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester County Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } 305 Hanover st

Cause of Death, { First, (Primary,) Pthisis
Second, (Immediate) }

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet

Date of Burial, May 13/82

Undertaker, Awbrey & Penny

Place of Business, Fayette & Montgomery

L. Cooke *M. D.,*
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56717 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella B Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Three (3) *Months,* *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fort City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Tuberculare Meningitis

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,) Three (3) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12 "82

Undertaker, W H Hoy & Bro

Place of Business, cor Broadway & Mullin Sts

E O Flour M. D.,
Medical Attendant.

Address, Cor Eager & Bond Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56718 *Office of Registrar of Vital Statistics.* Ward X 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Francis Shultz

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. } Male

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 12 Rock St

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 13th / 82

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

Thomas Obie M. D.,
Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5779 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lunzeman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* 26 *Days.*

Color, White,

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 140 S. Broadway.

Cause of Death, First, (Primary,)

Second, (Immediate.) Progressive pernicious anaemia.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, St. Jerome's R. C. Cemetery St. Paul

Date of Burial, May 14th 1882

Undertaker, L. Ritz

Place of Business, 129 E. Broadway *Address,* 95 Park Ave.

A. F. Eisk *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, White Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Painter's Court

Cause of Death { First, (Primary,) Paralysis from Embolis
Second, (Immediate,) Cardiac disease (mitral Valves) }

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 1882

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

Jno. P. Bales M. D.
Medical Attendant.

Address, 112 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56721 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney Lee Welton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 90 Bank St

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Bronchial Effusion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 14th 1882

Undertaker, John Meagher

Place of Business, No 150 Canton Av

D Steuart M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McMahon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} 106 Peach Alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, May 15th

Undertaker, B. Dean

Place of Business, 52 West

Sidney Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56723 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 13 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Glas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* 9 *Months,* — *Days*

Color, White —

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ——————

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 54 Stiles St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate,) (Cyanosis Dyspnoea)

Duration of Last Sickness, Two weeks attendance

All the above information should be furnished by the Physician.

Place of Burial Ball's Cemetery

Date of Burial, May 15/82

Undertaker, Peter Frey

Place of Business, 91 E. Aisen.

A R Arnold M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Scott

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 3 Saratoga Court

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 3 Saratoga Court

Cause of Death, { First, (Primary,) Cyanosis / Second, (Immediate,) Heart failure

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, May 14th 1882

Undertaker, [illegible]

Place of Business, 63 Hillen

Wm B Turner M. D.
Medical Attendant.

Address, NE Cor Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56725 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } C. Schertzer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 60 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 202 Aliceanna St

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) Pleurisy

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 14. 1882

{ *Undertaker,* H. Ponder & Son

{ *Place of Business,* 252 Canton Ave

Address, ...

... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10

Board of Health, City of Baltimore,

Permit No. 56726

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE MAY 1882 BALTIMORE

Date of Death, May 12th, 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia Roberts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, about 80 *Years,* — *Months,* — *Days.*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 29 Liberty St.

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, about six hours.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, May 15th 1882.

Undertaker, J. L. Jordan

Place of Business, 65 Bath Ave

Wm. B. Kidd, M.D.,
Medical Attendant.

Address, 89 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57727 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barry Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 161 Ray St

Cause of Death, First, (Primary.)

Second, (Immediate,) Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chart St Cem

Date of Burial, May 14

Undertaker, Geo W Cripps Jr

Place of Business, *Address,*

W P Chum M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 12th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Musician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Holliday St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, May 14th 1882

Undertaker, W. H. Dunger

Place of Business, Eutaw

D. Gundelfinger M.D.,

Medical Attendant.

Address, 51 N. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56725 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agness McLaughlin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Marshall Ave

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) " "

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Bethel Cemetery

Date of Burial, May 15th 1882

Undertaker, F A Kenderdine

Place of Business, 324 Eutaw St

Geo. H. Dorsey M. D.,
Medical Attendant.

Address, Bon. Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians are respectively invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56530 *Office of Registrar of Vital Statistics.* Ward No. 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodor Cornish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* 24 *Days,*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 179 S. Sharp St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetary

Date of Burial, May 14 1882

Undertaker, Hercules Ross

Place of Business, 95 Conways St

Wm Gombel M. D., Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56731 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 14 1882 BALTIMORE, MD.

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Crabbett Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Nine (9) *Years,* Six (6) *Months,* —— *Days.*

Color, Colish

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 98 Barnes St

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, May 14th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

E. W. Flint *M. D.,*

Medical Attendant.

Address, 1 Bayer's Building

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 56432

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics, 14th, 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oliver Faid

~~Sex~~, *Male or* ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 15 E Lane

Cause of Death, { First, (Primary.) Small Pox

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, May 17th.

Undertaker, R Hartle

Place of Business,

A. M. Dodge M.D.,
Medical Attendant.

Address, 207 Hanover St Balto Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5th

Board of Health, City of Baltimore,

Permit No. 16783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAY 14 1882 BALTIMORE, MD.

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie E. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* three (3) *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New London Conn

Duration of Residence in the City of Baltimore, Brought to Balto for Treatment two Months ago.

Place of Death, {Give street and number.} 88 N Exeter st

Cause of Death. First, (Primary.) Convulsions, Epileptiform

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15 1882

Undertaker, Wm H Buckman

Place of Business, 23 W. Gay St.

D W Cathell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56734 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gibney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} 84 Richmond st.

Cause of Death, First. (Primary.) Cerebral Hemorrhage.

Second. (Immediate.) Asthenia.

Duration of Last Sickness, about three months.

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Monday May 15th /82

Undertaker, STEWART & MOWER, UNDERTAKERS, 55 Park Ave.

Place of Business,

C. O'Donovan Jr. M. D., Medical Attendant.

Address, 115 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56735 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 14 1892

CERTIFICATE OF DEATH.

Date of Death, May the 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Hack

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 *Years,* ..... *Months,* ..... *Days,*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Accomack County Va

Duration of Residence in the City of Baltimore, 14

Place of Death, { Give street and Number. } 55 Loddenhall

Cause of Death, First, (Primary,) Cancer on the Stomach

Second, (Immediate,)

Duration of Last Sickness, confined to Bed Since Christmas

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 14

Undertaker, [illegible] Ross

Place of Business, Conway & Bro *Address,*

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Co-operation of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5673 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John E. Gatke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 321 Fort St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, May 14 1882

Undertaker Armstrong & Army

Place of Business, Lt & Mont Sts

I. Cooke M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 50737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Gross

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Dark

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 St Paul

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate.)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Lemmon

Date of Burial, May 17th 1884

Undertaker, Theodore J Eccles

Place of Business, 73 Jefferson St

J. J. Ward M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. MAY 16 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May - 14 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Kearney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 22 S. Schroeder St

Cause of Death {First, (Primary,) Second, (Immediate,)} Infantile Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 15th 1882

Undertaker, J. B. Koontz

Place of Business, 707 W Balto St.

H. A. B. Dellinger M. D.
Medical Attendant.

Address, 249 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Number Below, and a List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56737 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Regan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 4 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 228 Lemmon st.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Rupia induced by Acute Hydrocephalus.

Duration of Last Sickness, About Ten days.

All the above information should be furnished by the Physician.

Place of Burial. St Peters Cem.

Date of Burial. May 15th 1882

Undertaker, J B Cook

Place of Business, 707 N. Balto St.

A. H Latrobe M. D., Medical Attendant.

Address, 543 Lafayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully invited to the Regulations Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36740 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick W. Horn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — 1 — *Years,* — 8 — *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 153 N. Stricker St.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Diptheria

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 15

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

W. C. Van Bibber M.D.
per Chas. Van Bibber M. D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth ... the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ... and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician to fill out the blanks below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 56741

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Francis Lancy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, " *Years,* 21 *Months,* " *Days.*

Color, White

Married, ~~Single~~, Widow ~~or~~ Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 119 S Eutaw St.

Cause of Death, First, (Primary.) Undetermined Convulsions

Second, (Immediate.) "

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted] 82

Edwd. A. Bruce M.D.,
Medical Attendant.

Undertaker, Martin Fahey

Place of Business, 128 Fawdend *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 76742 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Held

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Florist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany — 25 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 24 S Eutaw

Cause of Death, { First, (Primary,) Emphysema { Second, (Immediate,) Hydrops

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13th

{ *Undertaker,* F. N. Troll

{ *Place of Business,* #131 Hanover *Address,*

Thatcher M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

12— Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE, MD. 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } not named Thomas E Hall

Sex, Male or Female, { Cross out the words not required in this line. } Female.

Age, — *Years,* — *Months,* about 12 hours *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —— Single

Occupation, ——

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore all life —

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 9 & 11 St Mary's Ct

Cause of Death, { First (Primary,) Second (Immediate,) } Debility

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1882

Undertaker, Alex Hemsley

Place of Business, 116 Orchard Alley

W. F. Kemp M.D.

Medical Attendant.

Address. 55 N Green St

This is made out for a coloured midwife.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56744 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD. MAY 15 1882 BALTIMORE, MD.
HEALTH DEPT. MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Myers.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State the country, and how long in the United States, if of foreign birth.} Kent County, Md.

Duration of Residence in the City of Baltimore, About 60 yrs.

Place of Death, {Give street and Number.} 343 Light St.

Cause of Death, First, (Primary,) ...
Second, (Immediate,) Pulmonary Tuberculosis. 8 Months.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet.

Date of Burial, May 16th 82, 2 P.M. } R. J. H. Tall M. D.,
Medical Attendant.

Undertaker, B. Hall

Place of Business, 82 West St. } *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

1

Board of Health, City of Baltimore,

Permit No. 16745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie P. Cumming

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 748 Washington St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, May 16th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

C. S. Cummings *M.D.,*

Medical Attendant.

Address, 53 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56746 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th of Mai 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hinderk Remmers Paderni

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 — *Years,* — *Months,* — *Days.*

Color, ...

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Campen, Provinz Ostfriesland, Germany.

Duration of Residence in the City of Baltimore, arrived on the 14th of May

Place of Death, {Give street and number.} Locust point Pier Baltimore

Cause of death, First, (Primary,) Heart decease and age

~~Second~~, (Immediate,) Apoplexy of Heart

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 15th 1887

Undertaker, H. Saunders & Son

Place of Business, 252 Canton Av

P. Schaefer M. D.,
Medical Attendant.

Address, Northgerman Lloyd S.S. Leipzig

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ly, before which please read, and to List of Diseases on Back of this Certificate.

BALTIMORE, MD.

18

Board of Health, City of Baltimore,

Permit No. 57747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isadore Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 263 Fremont St.

Cause of Death, First, (Primary.) Spinal Irritation

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14

Undertaker, Hercules Ross

Place of Business, 15 Lonman St

I. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

I. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...any invited to the Remarks below, and to List of Diseases on Back of this Certificate.

MAY 15 1882

2.

Board of Health, City of Baltimore,

Permit No. 56748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Garratt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about 5 2 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 3 Ft alley rear 32 Shakespeare st

Cause of Death, First, (Primary.) Intemperance & Exposure

Second, (Immediate.) Sudden Death

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 15. 1882.

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St

Robt. Wright *M.D.,*
Medical Attendant.

Coroner's

Address, 67 Bank St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5/13

...Physicians on Back of this Certificate.

MAY 15 1882 BALTIMORE

Board of Health, City of Baltimore,

Permit No. 67749 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Cruis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Four (4) Months, Sixteen (16) Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dallo city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 197 Eutaw Street

Cause of death, First, (Primary,) Catarrh Sia

Second, (Immediate,) — — — —

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 16 1882

Undertaker, Robt. Cook

Place of Business, 209 W. Centre St

J. W. Blosser M. D., Medical Attendant.

Address, 197 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37760

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tavern Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, {First, (Primary,) Pulmonary Congestion
Second, (Immediate,) Apoplexia

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, May 17/82

Undertaker, Robt F. Barlow

Place of Business, 62½ N. Bal. St.

I. Wolf M. D.,
Medical Attendant.

Address, 17 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special [illegible] Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 56767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 15 1882

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Ludwig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 2 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 576 Scott

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Convulsions

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 15th 1882

Undertaker, John Meagher

Place of Business, No 150 Camden

A. McFadden M.D.,
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and ...list of Diseases on Back of this Certificate.

MAY 15 1882
BALTIMORE, MD.

Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Palm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boxmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 118 S. Howard St.

Cause of Death First, (Primary,) aneurism ventricle

Second, (Immediate,) asthenia

Duration of last Sickness, about 10 mths

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16

Undertaker, [illegible]

Place of Business, 108 S. Sharp St.

H. Albers M. D.
Medical Attendant.

Address, 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...w. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56753 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louise Rausch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give street and number.} 366 S. Sharp St.

Cause of death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Lauden park Cem

Date of Burial, May 16th 1882

Undertaker, Julius Kochler

Place of Business, Sharp & Crossst

Louis C. Korn M. D.,
Medical Attendant.

Address, Lucas & Hyde av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 26764 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE, MD.

MAY 1882 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Roberts

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* —— *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 18 Parish Alley

Cause of death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetary

Date of Burial, May 14th 1882

Undertaker, Wm H Dunger

Place of Business, No 62 East St *Address,* 506 W Fayette St

A. G. Fox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician's Certificate on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56755 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May ~~24th~~ 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Ten *Months,* eight *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 24 Wilson St

Cause of Death, First, (Primary,) Basilar Meningitis & Nephritis

Second, (Immediate,)

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 16th 1882

Undertaker, J. E. Loughree

Place of Business, 320 Lemmon Ave

Elias C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

MAY 15 1882 BALTIMORE, MD.

Board of Health, City of Baltimore,

Permit No. 56756 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gallen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 215 Lexington

Cause of Death, First, (Primary,)

Second, (Immediate,) Heat-disease

Duration of Last Sickness, eight minutes

All the above information should be furnished by the Physician.

Place of Burial, Lewis Cemetery

Date of Burial, May 15 1882

Undertaker, William Nbrown

Place of Business, No 62 East Str

F. H. Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Martin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 692 W Hayette St

Cause of Death First, (Primary,) Anemia

Second, (Immediate,) Syncope

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial London Park Cy

Date of Burial May 16th 1882

Undertaker, J. Wm Wheeler

Place of Business No 180 Camden

J. E. Clayton M. D.
Medical Attendant.

Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37758 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday night May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anna Arand Co Md

Duration of Residence in the City of Baltimore, Six Month

Place of Death, {Give street and number.} 154 Chesapeak St Canton

Cause of death, First, (Primary,) Measles with Intermiant fevers

Second, (Immediate,) Congestion of the lungs Spasmus was called in as he was dieing

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, May 15th 1882

Undertaker, Henry Sandt & J E Prichard M. D.,

Medical Attendant.

Place of Business, 252 Canton Ave, *Address,* 280 Dorman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56759 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Gleis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Schoolgirl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 413 W. Pratt St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 16th 1882

Undertaker, P.H. Secrest

Place of Business, 35 S. Eutaw Address, 470 S. Sharp St.

Wm Goode M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56760 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Sophie Schott

~~*Sex, Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ (Cross out the word not required in this line.)

Occupation, Home work

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, (Give street and Number.) 104 S. Central Ave

Cause of Death, First, (Primary,) Emphysema pulmonum

Second, (Immediate,) Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mont Carmel Cem.

Date of Burial, May 15 1882

Undertaker, Julius Haack

Place of Business, 240 S. Bond St. *Address,* 24 S. Belnord Ave

J. Guthrie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56761 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jenny Ford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 345 Eastlav.

Cause of Death, First, (Primary.) Measles & Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Mt. at. Cemetery

Date of Burial, May 15th

Undertaker, Handel Diffel

Place of Business, 21 Bond st. 151

R. W Mansfield M. D.,
Medical Attendant.

Address, 667 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 57762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th at 630 P.M. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Lowery.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *~~Months~~,* *~~Days~~*

Color, Brown

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia,

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number.} No 16 Lambert Street,

Cause of Death, {First (Primary,) Paralysis,
Second (Immediate,)}

Duration of Last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 15-1882

David M. Stull M. D.
Medical Attendant.

Undertaker, J. Wehrle

Place of Business, 199 S. Howard St. *Address* 199 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Blank Certificate on Back of this

Board of Health, City of Baltimore,

Permit No. 66763 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abel Robe Lewis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Six *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 11 Dunn St

Duration of Residence in the City of Baltimore, 6 days

Place of Death, { Give street and Number. } 11 Dunn St

Cause of Death, { First, (Primary.) Convulsions / Second, (Immediate.) do

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial Lowel Cemetery

Date of Burial, May 15 1882

Undertaker, Mr W Madden

Place of Business, 46 East St *Address,* .....

W Hammond M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED MAY 16 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th (Thirteenth),

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. C. Wolford.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four *Years,* Ten *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 17th Street St.

Cause of Death First, (Primary,) Malignant Scarlet Fever.

Second, (Immediate,)

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1882

Undertaker, Wm W Madden

Place of Business, 76 East St

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 56765 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bowersox

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pikesville, Balt. Co. Md.

Duration of Residence in the City of Baltimore, Son-resident

Place of Death, {Give street and Number.} 185 Townsend St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 17

Undertaker, Anders Bueger

Place of Business,

G. H. Rusk M. D.,
Medical Attendant.

Address, Balto. & Wash. Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 16
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Briggaloni

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Lesson Grinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Jail

Cause of Death, {First (Primary,) Suicide, fracture of Spine
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery F. G. Connolly M. D.
Medical Attendant.

Date of Burial, May 17

Undertaker, M. Holland

Place of Business, City Hall *Address* 323 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 56767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT. MAY 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lavanagh

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 89 Albemarle st.

Cause of Death, First, (Primary.) Purpura Hemorhagica

Second, (Immediate.)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 17th 1882

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St. *Address,* 9 N. Broadway

P. H. Daniel *M.D.*,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 25768

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May the 14th 1882 Sunday

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hamlon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West forth Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} N. W corner of Exeter & Low St

Cause of Death, First, (Primary.) weeknes and Sorenes in the Brest
Second, (Immediate.)

Duration of Last Sickness, sins last Thursday 11th May

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, the 15 of May

Undertaker, Mr Byrns

Place of Business,

.....M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

MAY 15 1882

Board of Health, City of Baltimore,

Permit No. 56769

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPARTMENT OF HEALTH MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chr. C. Emrick

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days.*

Color, W^e^

~~Married,~~ Single, ~~Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Plumber

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City —

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 280 Mulberry St.

Cause of Death, First, (Primary.) Tuberculosis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 16th 1882

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave *Address,* Homoeo Free Dispensary

E. B. Bird M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

MAY 16 1882

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Kemp Gault

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 21 *Years,* 9 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 19 Hollins St

Cause of Death, {First (Primary,) Enteric Fever

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 16/82

Undertaker, Denny & Mustard

Place of Business, 59 & 61 W Fayette St

W. H. O. Kemp M.D.
Medical Attendant.

Address, 53 N Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

MAY 18 1882

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Board of Health, City of Baltimore,

Permit No. 6671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Fields

Sex, ~~Male.~~ *Female,* { Cross out the word not required in this line. }

Age, Five *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } N. Pamish Ave

Cause of Death, { First, (Primary.) ——— Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, May 17 1882

{ *Undertaker,* H Ross
{ *Place of Business,* 95 Conway St

J. C. Skinner *M.D.,*
Medical Attendant.

Address, 41 N Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56772 *Office of Registrar of Vital Statistics.* Ward 6,

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Schmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saxony

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and Number.} #245 Jefferson St.

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) " "

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cem.

Date of Burial, May 17th 1882

Undertaker, G. Franco

Place of Business, Bank & Wolf St. *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56773 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Farrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Paris

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 E. Lombard St

Cause of death, First, (Primary.) stomach

Second, (Immediate,) Pleuro-pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, May 16 1882

Undertaker, Jos C Byrne

Place of Business, 68 Penna

Geo B Reynolds M. D.,
Medical Attendant.

Address, Calvert Monuments

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 76774 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Tillman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 19 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Died in City

Place of Death, { Give street and Number. } 75 Locust Point

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th

Undertaker, W. Hall

Place of Business, 82 West St. *Address,* 513 Light St.

O. C. Forth *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 56773

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh Ralston

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Scotland, about 2 yrs in U.S.

Duration of Residence in the City of Baltimore, none

Place of Death, { Give street and number. } St Joseph's Hospital

Cause of Death, First, (Primary.) Fracture of Skull and both femurs

Second, (Immediate.) Shock & Hemorrhage from middle meningeal artery on left side

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

S. V. Stoopman M.D.,
Medical Attendant.

Address, St Joseph's Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Card.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Duffy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 89 Hooker St

Cause of Death First, (Primary,) Heart Disease (Valvular)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 19th 1882

Frank J. Flannery M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,* Wilson & Division sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 36777

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 17 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore - Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 Raborg St

Cause of Death, First, (Primary.) Trismus Nascentium

Second, (Immediate.)

Duration of Last Sickness, 6 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1882

Undertaker, Saml. W. Chase

Place of Business, 158 S. Howard St

Wm. W. Murray M.D.,
Medical Attendant.

Address, 308 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Berry

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 66 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widowed

Occupation, Fish dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 106 N. Calvert St

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) [redacted]

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 17th May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

F. Donaldson M. D.
Medical Attendant.

Address, 108 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 56779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 2 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 245 Hughes St.

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 16th 1882

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L.D.DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The

Board of Health, City of Baltimore,

Permit No. 56780 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Baer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 14 *Days.*

Color,

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 177 Sterling St

Cause of death, First, (Primary,) Gastro Enteritis

Second, (Immediate,) Ante-Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Edew St. Cong. Cemetery

Date of Burial, May 16

Undertaker, M. Goldsmith

Place of Business, 53 N. High St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6781 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th day of May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspio Hamineo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 10 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Stone mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 4 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Monroe

Cause of Death, First, (Primary,)

Second, (Immediate,) Organic disease of heart several months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cem

Date of Burial, May 17 1882

Undertaker, J B Cook

Place of Business, 707 W Baltimore St *Address,*

D P Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66782

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 16
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Wilmore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 51 East Street

Cause of Death, First, (Primary.) Pthis is Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Asbury evergreen

Date of Burial, 16th May 1882

Undertaker, Wm. N. Burgee

Place of Business, No 62 East st

David Cowell *M.D.,*
Medical Attendant.

Address, 19 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56783 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 16 17 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah J Pray

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and Number.} 22 N Mount St

Cause of Death, First, (Primary.) Cold Consumption

Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness, Ill for two years or more

All the above information should be furnished by the Physician.

Place of Burial Peabody Mass

Date of Burial, May 16th

Undertaker, J B Cook

Place of Business,

M Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56784 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16=1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah B. Freburger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3. *Years,* 6 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Marshall ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 16-1882

Undertaker, S. Hall

Place of Business,

Geo. N. Denson M. D.,

Medical Attendant.

Address, Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. Reported by Phys. 23 Paca [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Weaver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,)

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, East Balto Cemetery

Date of Burial, May 16

Undertaker, M. Coleman

Place of Business, City Hall

D. F. Hoffman M. D.
Medical Attendant.

Address Phys. of Jail

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov...

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 56786 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Corser

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ... *Years,* .... *Months,* 2 *Days,*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ++

Place of Death, { Give street and Number. } 11 Mary St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Sickly from Birth.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 16th

{ *Undertaker,* Rocks
{ *Place of Business,* .....

Geo. W. Donson M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 57189 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lethe Frederick

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 14 Rockrd

Cause of Death, First, (Primary.)

Second, (Immediate,) Heart disease & Congestion of Lungs

Duration of Last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17th 1882

Undertaker, Richard H. Case

Place of Business, 19 E Monument

Alexander Tinsley M. D.

~~Medical Attendant~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56788 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Creagh

~~Sex~~, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 11 *Months.* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 98 Gough St.

Cause of death, First, (Primary,) Heart disease & Asthma

Second, (Immediate,) Failure of heart,

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17 1882

Undertaker, Fry & Sons

Place of Business, 711 Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 1101 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side of this ...

20

Board of Health, City of Baltimore,

Permit No. 56785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* *Days.*

Color, Col

Married, Single, ~~Widowed or Widower~~. {Cross out the word not required in this line.}

Occupation, General house work.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} No 3 Smith St

Cause of Death, First, (Primary.) Labor

Second, (Immediate.) Ruptured Convulsions

Duration of Last Sickness, 20 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 17

{Undertaker, D E Mongh

{Place of Business,

WW Hopkins M.D.,
Medical Attendant.

Address, 172 Fountain

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56790 *Office of Registrar of Vital Statistics.* Ward 46

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Keller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 26 Dover st

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial Lt Olivet Cem

Date of Burial, May 17 1882

Undertaker, Wm F Kummer

Place of Business, 317 Madison

James Y Bosley M. D.,
Medical Attendant.

Address, 319 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Blondin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 37 Plum alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 17th

Undertaker, Geo W Perkins

Place of Business,

Ellen Wickens M. D.
Medical Attendant.

158 Shortst

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 37992 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Johanna Loughlan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (County Cork)

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} # 129 E. Monument St

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove

Date of Burial, May 18th 1882

Undertaker, Adam Funk

Place of Business, 461 N. Gay St

Wilmer Denton M. D.,
Medical Attendant.

Address, 251/2 Guilford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 56798 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882 7 A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter A. Gotthelew

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Rosemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 233 E Lanvale St

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St James Cem.

Date of Burial, May 19th 1882

Undertaker, Adam Fisher

Place of Business, 461 N Gay St

W. Keener M. D., Medical Attendant.

Address, 233 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56784 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1882 BALTIMORE

Date of Death, May 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schultz

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, {First, (Primary.) Pneumonia
Second, (Immediate,) Asthenia
3 Weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial West Pub Lonity,

Date of Burial, May 16 / 1882

Undertaker, Fred A Kirchner

Place of Business, 50 S Carrollton Ave

West M. D.,
Medical Attendant

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May Anderson, May 16 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 21 Exeter St

Cause of Death, {First (Primary,) Consumption of Lungs

Second (Immediate,) two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, May 17

Undertaker, Wm Coffman

Place of Business, City Hall

F G Cooney *M. D.*

Medical ~~Attendant~~.

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5619 96

Office of Registrar of Vital Statistics.

9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Lafferty

Sex, Male ~~or Female~~. {Cross out the word not required in this line.} Male

Age, Years, Months, (6) Six Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 161 N Lambard Maternite Hospl 6 days

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 161 N Lambard Maternite Hospl

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Inanition

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E Balto St Cemetery

Date of Burial, May 16

Undertaker, Jno Coleman

Place of Business, City Hall

W P M Intosh M.D.,
Medical Attendant.

Address, 161 N Lambard st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56797 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th May 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Edward L McGann.

Sex, ~~Male or,~~ *Female,* { Cross out the word not required in this line. }

Age, Forty two 42 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Head of a family.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, about Thirty (30) Years.

Place of Death, { Give street and Number. } 224. E Madison St.

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,) Phthisis pulmonalis.

Duration of Last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 18. 1882

Undertaker John W Jackson

Place of Business, Cor Gay & Lombard Sts

W C van Bibber M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t...

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie E. Harman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S - Ea -

Duration of Residence in the City of Baltimore, 5 Years -

Place of Death, {Give street and number.} 447 Mount st -

Cause of Death, First (Primary,) Pregnancy =

Second (Immediate,) Puerperal Eclampsia

Duration of Last Sickness, 24 hours =

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, May 18

Undertaker, P V Humph -

Place of Business, *Address*

I F. Bran *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 56799

Office of Registrar of Vital Statistics. 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius von Rauch Vinkel (Julius von Rauenwinkel)

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 59 *Years,* 8 *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Actor and Restaurant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } No 17 South Eutaw St

Cause of Death, First, (Primary.) Anyina diphteritica

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17 S. Eutaw

Chas. F. Heuser M.D.,
Medical Attendant.

Undertaker, Rau & Bart[illegible]

Place of Business, 62½ W Balto Address, 68 Shupp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57800 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophronia Freeman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastport, Maine

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 168 N Front St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial Trinity Church Cemetery

Date of Burial, May 18th 1882

Undertaker, Peter Frey

Place of Business, 41 Eutaw Av

Silas N. Hamber M. D.,
Medical Attendant.

Address, 36 Gremmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Duvall and Elana V. Duvall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.)} 67 Parish Street, B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 67 Parish St.

Cause of Death, {First, (Primary,) Asthenia resulting from} {Second, (Immediate,) difficult delivery}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th 1882

D. J. Reintrat, *M. D.*
Medical Attendant.

Undertaker, Lemmy & Whitelock

Place of Business, 15 & 17 W. Fayette St. *Address,* 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 56802 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Nurring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* ~~Days~~.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 376 Hamburg St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 in (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery.

Date of Burial, 18th of May

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

H. L. Flinn M. D.,
Medical Attendant.

Address, 389 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 56803 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Garey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8. *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 28 Ryan

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) — debility —

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 17 1882

Undertaker, Matthew Cadogan

Place of Business, 227 Hunterey Alley

A. Hodgson M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 57804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentina Lijinski

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 2 Bartlett St.

Duration of Residence in the City of Baltimore, 3 mos. 20 days

Place of Death, {Give street and number} 2 Bartlett St.

Cause of Death, First, (Primary,) Interitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 18 1882

Undertaker, Philip T. Dietz

Place of Business, 183 Columbia Ave.

A. G. Watts, M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56805 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

Date of Death, May 16th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~John~~ Michael

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } University Hospital

Cause of Death, { First, (Primary,) Organic Disease of Heart
Second, (Immediate,) Asthenia }

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, May 17

Undertaker, W Dizzel

Place of Business, 1 Bond St

Guest M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Bannds

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 8 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 11 Johns Alley

Cause of Death { First, (Primary,) Phthis Pulmonalis

Second, (Immediate,) 6 months

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 17th

Undertaker, Howard Snyder

Place of Business, 127 West Fayette St

R A Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1

Board of Health, City of Baltim

Permit No. 56807

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 17th 18[illegible] Herget

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Herget

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Eutaw St

Cause of Death, First, (Primary.) Inflamed Bowels

Second, (Immediate.)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 18 1884

Undertaker, John C. Schaub

Place of Business, 107 Pine Street

E. D. Williams *M.D.,*
Medical Attendant.

Address, 69 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56808 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 16th. May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Clausen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sonderburg, Sicklesvig, Germany

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} Est'ed street 38.

Cause of death, First, (Primary,) Pleuro Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel, Cath.

Date of Burial, May 18 1882

Undertaker, D Rossing

Place of Business, 196 E Baltimore st

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56809 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17, 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pennacher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months.* 4 *Days.*

Color, ...

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Belair Ave Opposite Weisners Brewery

Cause of death, First, (Primary,) Rubeola

Second, (Immediate,) Dentition, Pneumonitis Convulsions

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th

Undertaker, Geo Schilling

Place of Business Ashland Square

W. H. Tate, M. D.,
Medical Attendant.

Address, 467 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Leach Johns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, Days.

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 354 Harford Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Effusion of Brain

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 18th

A. M. Watson M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynan *Address* 457 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[illegible]

Board of Health, City of Baltimore,

Permit No. 56811 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Rear of 57 Barre St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Tetanus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cemetery

Date of Burial, May 17th

Undertaker, J A Kerchner

Place of Business, ...

Geo. N. Dobson M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5681/2 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Paul

Sex. Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 S Fullerton Av

Cause of Death, {First, (Primary,) Whooping Cough

{Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 18 1892

Undertaker, J P Paules

Place of Business, 66 Frederick Ave *Address,* 917 Hollins Av

James Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16

Board of Health, City of Baltimore.

Permit No. 56843

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 84 Dover St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May - 18 - 1882

Undertaker, Wm F. Madden

Place of Business, 46 East St

T. A. Bell *M.D.,*

Medical Attendant.

Address, 161 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore.

Permit No. 57871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17. 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Bünn Bendel

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Mary Land

Duration of Residence in the City of Baltimore, 2 Years. 2 Years

Place of Death, { Give street and number } ~~1097 Hanover St~~ 20 Fallon

Cause of Death { First, (Primary,) Laryngitis

{ Second, (Immediate,) Acute

Duration of last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Chas H. Duley M. D.
Medical Attendant.

Address, 385 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56815 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Korn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty *Years.* *Months.* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sellinger, Germany

Duration of Residence in the City of Baltimore, Twenty Eight Years

Place of Death, {Give street and number.} No. 118 North Bethel St.

Cause of death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 18 1882

Undertaker, John Feeney

Place of Business, 382 Orleans St *Address,* No 102 N Eutaw

Wm H. Clendinen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 37816 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dehmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 297 Wolfe st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 18 May

Undertaker, J Harle

Place of Business, East Baltimore st

J. Corkle M. D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Instructions Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 56817 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie White

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 18 1882

Undertaker, James O Byrne

Place of Business, No 63 N Eutaw St

S. O. G. Goodman M. D.,
Medical Attendant.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56818 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Wolf

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 4 8 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give street and Number. } 39 S Arlington ave

Cause of Death, { First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet Cem.

Date of Burial, May 18 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 317 W. Lanvale

James Bordley *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56819 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Taylor

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 33 n eden st

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18/82

Undertaker, Fahs & Son

Place of Business, 52 n Broadway

D. A. Prof. M. D.,
Medical Attendant.

Address, 133 n eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish him forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56820 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Mutter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 187 E Lombard st

Cause of death, First, (Primary,)

Second, (Immediate,) Suppressed Urine Retention

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th 1882

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St

H. Rigney Smith M. D.,
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5682 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mannin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 186. McHenry

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Pats

Date of Burial, May 19. 1882

Undertaker, Wm Cahill

Place of Business, 15 Madison St

Edw J. Michael M. D.
Medical Attendant.

Address. 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 56822

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

Date of Death, 17th May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Carty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor Cor. John and Paca Sts.

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

W. Burke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Boyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 123 Hanover Lane

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, May 18th 1882

Undertaker, Wm H Dugle

Place of Business, No 62 Eastst

Robt K Knecht M. D.
Medical Attendant,

Address, 134 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17824 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Webster Price

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years.* nine *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number.} # 41 N. Chapel St.

Cause of death, First, (Primary.) Scrofula.

Second, (Immediate,) Bronchitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Edward Cemetery

Date of Burial, May 16th

Undertaker, Theodore G. Lock

Place of Business, 73 Jefferson St. *Address,* 17 South Broadway

Walter Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY
BALTIMORE

Permit No. 56825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Oberman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 34 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Dawmen ü Oldenburg Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 54 Centre Market Space

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate,)

Duration of last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 19th 1882

G. J. Mayer M. D.
Medical Attendant.

Undertaker, John Tabe

Place of Business, 166 E Balto St

Address, 583 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 56826

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882 Wit

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hattie Ame

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, One *Years,* *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Born to me

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 19 Bruce St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, May 17 1882

Undertaker, William Berger

Place of Business, 62 East St

J. Shives *M.D.,*

Medical Attendant.

Address, 41 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 18 18
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Loretta Dudrow

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, Eleven Months, Five Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 89 Population St Baltimore, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 89 Population St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 20 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St. *Address,* 300 W Fayette St.

N. M. Littell, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ella Sears

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, most of her life

Place of Death, {Give street and number.} Eutaw Square

Cause of Death, First, (Primary.) Chronic Nephritis

Second, (Immediate.) Paralysis Coma

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 20th 1882

Undertaker, Hy Jenkins & Son

Place of Business, 76 N Charles St

Chas A Doremus M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57829 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th — 1882.

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Johanna -

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 34 - *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus -

Duration of Last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 19th 1882.

Undertaker, Pat. Hunt.

Place of Business, 157 Union St.

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem Av. and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56830 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schisel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 129 S. Gay St.

Cause of death, First, (Primary,) Cerebral Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, Since Sunday May 14th

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery P R

Date of Burial, May 19th 1882

Undertaker, Denny & Mitchell

Place of Business, 45 S Broadway

I, Emil E Demuth M. D.,
Medical Attendant.

Address, 99 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Funeral Rev. Chas M Upshur Sermon Seven Bethel Church with a coffin

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Board of Health, City of Baltimore,

Permit No. 56831

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* { Cross out the word not required in this line. }

Occupation, Laman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St Josephs Hospital

Cause of Death, First, (Primary.) Valvular disease / Endocard.

Second, (Immediate.) Rheumatic Fever.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 20th 82

Undertaker, G Frazer

Place of Business, Burns & Wolf *Address,*

S. C. Goodman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Magdalen Rohleder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation, Wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cumberland Md since childhood

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 414 Duncan alley

Cause of Death, { First, (Primary.) Typhoid Fever from the Womb
Second, (Immediate.) — " Dropsy

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. J A Dohme M.D.,

Date of Burial, May 19th 1882 Medical Attendant.

Undertaker, G. France

Place of Business, Davis & Wolf Sts. *Address,* 16 & Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 56833 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard a Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 21 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~26 Pearl Alley~~

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 Pearl Alley

Cause of Death, First, (Primary,) Spine desise

Second, (Immediate,)

Duration of Last Sickness, Sickly since Bourn

All the above information should be furnished by the Physician.

Place of Burial, Sharp Steemetary

Date of Burial, 19 of May

Undertaker, Samuel Chase

Place of Business, Howard Hill *Address,*

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 11 on Back of this

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Board of Health, City of Baltimore,

Permit No. 56834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 May 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberty A Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* one *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Guerrards Court

Cause of Death, First, (Primary.) Sickly Born

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Court

Date of Burial, 18

Undertaker, John Henson

Place of Business, Druid Hill ave

Geo. N. Dobson M.D.,
Medical Attendant.

Address, Corner of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 5683 5

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary J Kefauver

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* 6 *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Abt 3 weeks

Place of Death, { Give street and number. } St Vincents Hospital

Cause of Death. First, (Primary.) Fatty Degeneration of Heart

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, About 18 days

All the above information should be furnished by the Physician.

Place of Burial, Walkersville Frederick Co Md

Date of Burial, May 19th 1882

H. C. Wilson M.D.
Medical Attendant

Undertaker, John E Hough & Co

Place of Business, 320 Penna Ave *Address,* 146 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56836 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Tony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 4 Patapsco St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Thomas Cemetery

Date of Burial, May 19, 1882

Undertaker, Geo. H. Perkins Jr.

Place of Business, 130 Hanover St.

C. W. Bruce M. D.,
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

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Permit No.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1882 BALTIMORE

Date of Death, May 12 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Steward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Ice Cream Saloon

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Centreville Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 57 Vincent alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Comptsumption

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial

Date of Burial, 18

Undertaker, Mr Bourgeois

Place of Business, Pratt Alley

.....*M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham W. Juvenal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 170 Myrtle Ave.

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of last Sickness, Abt 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 20th 1882

Undertaker, S. Kubis Schaefer

Place of Business, 109 N Eutaw Street *Address,* 234 W. Fayette St.

John R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57639 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~73~~ 70 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 314 S. Howard st.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 19th

Undertaker, Wm. H. Carr

Place of Business, 195 E. Howard

L. H. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 568440 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myer Goldsmith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 64 E Lombard St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) & Asthema

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker, W. Eblan

Place of Business,

Geo. W. Dorsey M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56841 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Perry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 18 Parrish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Parrish alley

Cause of death, First, (Primary,)

Second, (Immediate,) Dentition

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 14 th 1882

Undertaker, Wm N Dairgee

Place of Business, No 62 East St

E. K. Powers M. D.,

Medical Attendant.

Address, Stricker House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56842 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Martinsburg Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 3 Stockton Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Neuralgia of Heart

Sud Suddenly.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 19th

Undertaker, Henry A Lepher

Place of Business, 67 Druid Hill Ave

Summerfield Owen M. D.,
Medical Attendant.

Address, 561 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Regulations printed on the back of this

Board of Health, City of Baltimore,

Permit No. 56843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5.18.82.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John P Walker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 68 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { ~~Cross out the word not~~ required in this line. }

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } E. Shore Va

Duration of Residence in the City of Baltimore, 18 Mos

Place of Death, { Give street and number } 28 Gorge St

Cause of Death { First, (Primary,) Paralysis / Second, (Immediate,) }

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Broomall Co. Virginia

Date of Burial, May 17. 1882.

Undertaker, Wm Cadogan

Place of Business, 22 Hanover St.

Wm M Eshcam M. D.
Medical Attendant.

Address, Brg Head

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules below, and to those on back of this Cer...

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Board of Health, City of Baltimore,

Permit No. 56844

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Hagan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No - 6 Brune st -

Cause of Death, First, (Primary.) Pneumonia - Neglected -

Second, (Immediate.) Hepatization - Exhaustion.

Duration of Last Sickness, 14 days -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 19. 1882.

Undertaker, [illegible]

Place of Business, [illegible]

R. H. Goldsmith *M.D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 176846 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Mason

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* E *Days,* 8

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 211 Hamburg St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 19th

Undertaker, H Rdo

Place of Business,

Geo. F. Bond M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ician who Attended Deceased during his last Sickness, and a List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No 67846 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Tasker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* 8 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 89 Sarah Ann St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ~~Pneumonia~~ Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 20

Undertaker, J. J. Chalmers

Place of Business,

Alexander Tinsley M. D.

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

6

Board of Health, City of Baltimore,

Permit No. 56847

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and number.} 136 Orleans St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) on web

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20th 1882

Undertaker, M. A. Daiger

Place of Business, 744 S. Broadway

I S Mahon M.D.,
Medical Attendant.

Address, Exeter St 138

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

Permit No. 57848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Darrach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} N.E. Cor Caroline & Balto St

Cause of Death, First, (Primary.) Accidentally thrown from a Buggy

Second, (Immediate.) Concussion of Brain -

Duration of Last Sickness, Abt 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, May 20th 1882

Undertaker, M. A. Dwyer

Place of Business, 748 S. Broadway

[signature] M.D.,

Medical Attendant.

Corner E.O.

Address, 6 & S Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

2

Board of Health, City of Baltimore,

Permit No. F 6 8 4 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 of May /82.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Poleninger.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 3 - *Months,* 21. *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria, 37 years in this country

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} 64 Lancaster Str.

Cause of Death, First (Primary,) old age

Second (Immediate,) Asphyxia.

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmal Cem. Martin Ave.

Date of Burial, 21st of May.

Undertaker, Fred Gaede.

Place of Business, 29 d. Caroline St, *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 57855 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jane Hagans

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First, (Primary,) Internal An injury from a fall

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 20th 1882

Undertaker, John Cotter

Place of Business, Falls Ave

Edw. J. Nicholas M. D.,
Medical Attendant.

Address, 243 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 56861 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 19 2014 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Wuebler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ~~None~~ Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 282 Central Av.

Cause of death, First, (Primary,) Broncho-Pneumonia Caseosa Chronica

Second, (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 21/82

Undertaker, Robt Barnell

Place of Business, 62½ W. Balt St

A Arnsdorf M. D.,
Medical Attendant.

Address, 145 Light 4th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

17

Board of Health, City of Baltimore,

Permit No. 56852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dreuns

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Eleventh St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 20

Undertaker, B. Franke

Place of Business, 82 West St

Chas O'Donovan M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mr. Special Attention of ... Superintendent

Board of Health, City of Baltimore,

Permit No. 57853 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 21 1882 BALTIMORE

Date of Death, May 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Oliver Frisby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 188 N. Broadway

Cause of Death, First, (Primary,) Debility of the constitution generally

Second, (Immediate,) Consumption

Duration of Last Sickness, Not known to me

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st 1882

Undertaker, John W Jackson

Place of Business, Cor of Gay & Lombard

Milton N. Taylor M. D.,
Medical Attendant.

Address, Broadway & No. Eldery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 56854 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Hedinger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 390 E. Balt. St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate.) Ex Laudanum

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial. Balt. County

Date of Burial. May 21st 1882

Undertaker, Thos. L. Hughes

Place of Business, 68 E. Balt.

G. H. Neville Lusk M. D., Medical Attendant.

Address, Balt. & Front Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

10 Board of Health, City of Baltimore,

Permit No. 56855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Zepp.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 261 Franklin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malignant Measles

Duration of last Sickness, Since May 15th

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, May 20th 1882

Edward R. Ward M. D.

Medical Attendant.

Undertaker, Mrs P. Kummert

Place of Business, 317 Mulberry St *Address,* 248 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57837 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE ~~OF DEATH.~~

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann R Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York City Md

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and Number.} 87 McHenry St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, May 20/82

Undertaker, G. B. Blakistone

Place of Business, West Lumbard St

Jos D Blake M.D., Medical Attendant.

Address, 116 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

6 Board of Health, City of Baltimore,

Permit No. 37857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Winters

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, Eighteen Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 113 Biddle Street

Cause of Death First, (Primary,) Tubercular & Pneumonia as a complication

Second, (Immediate,) & Pneumonia

Duration of last Sickness, Ten days. Had Pneumonia a year ago & was also a delicate child—

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker, Geo Schilling

Place of Business,

Wm J. Simms M. D.
Medical Attendant.

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56858 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19: 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ismael Lowe

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow, or Widower, { Cross out the word not required in this line. } Widower

Occupation, Bricklayer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 117 Aisquith

Cause of Death, { First, (Primary,) Paralysis of } { Second, (Immediate,) Brain }

Duration of Last Sickness, Since April 1st 1882

All the above information should be furnished by the Physician.

Place of Burial Green Mt.

Date of Burial, May 21 82

{ *Undertaker,* } McGinnis & Co

{ *Place of Business,* } 103 Fountain

Jno. E. Donelle M. D., Medical Attendant.

Address, 990 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8

Permit No. 56859

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Pascano

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Brest Mass

Duration of Residence in the City of Baltimore, Dung life

Place of Death, {Give street and number.} 228 Md. Ave

Cause of Death, First, (Primary.) Suppression of Menstruation

Second, (Immediate.) Peritonitis

Duration of Last Sickness, four or five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st May 1882

Undertaker, H. W. Jenkins Son

Place of Business, # 75 N. Charles St.

Jas Swan M.D.,

Medical Attendant.

Address, 143 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56860 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

Date of Death, Saturday, May 20th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Cole.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and number.} 163 Fremont St

Cause of death, First, (Primary.) Scarlet Fever

Second, (Immediate) Exhaustion from high temperature caused by Anuria.

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 20th 1882

Undertaker, John Tyke

Place of Business, 60 Balto St

Wilmer Bruton M. D.,
Medical Attendant.

Address, 25½ Government Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

12 Board of Health, City of Baltimore,

Permit No. 57861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2 A.M. 19th May 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Harrison Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, One *Years,* ——— *Months,* Twenty-Eight *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 322 N. Ironsides St or Lafayette Avenue Baltimore City

Duration of Residence in the City of Baltimore, One year and Twenty-Eight days

Place of Death, {Give street and number} 322 N. Ironsides St Baltimore City Maryland

Cause of Death, First, (Primary,) Debilities and Cold after Measles

Second, (Immediate,) Convulsions

Duration of last Sickness, About two weeks - Convulsions for two days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 20th 1882

Undertaker, [illegible]

Place of Business, [illegible]

Wm. J. Wyatt M. D.
Medical Attendant.

Address, 236 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 56862

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Barbara Salisbury

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 118 E. Eager St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, May 21st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

Silas N Hunter M. D.,
Medical Attendant.

Address, 56 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2

Board of Health, City of Baltimore,

Permit No. 56863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Mack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany ✓

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 336 Canton Ave

Cause of Death, First, (Primary.) Gastric Cancer

Second, (Immediate.) Asthenia

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, May 21st 1882.

Undertaker, Leonard Ritz

Place of Business, 129½ S Broadway.

Geo. S Kinnemon M.D.,
Medical Attendant.

Address, 736 Fait ?

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hintz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Captain Shoreman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} Foot of Commerce St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 22nd 1882

Undertaker, John Thacker

Place of Business, No 150 Camden St ~~Address~~

F. G. Connolly M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 56865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Jane Thornton

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 7 *Years,* 4 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 78 Fort Ave

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " " Confluent

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 20/82

Undertaker, B. Wahe

Place of Business, 82 West St *Address,* Bd of Health

Geo. H. Dobson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm F Fitzpatrick

[over.]

Board of Health, City of Baltimore,

Permit No. 56866 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robinson Bowlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 5 *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bunn's Woods

Cause of death, First, (Primary,) Remittent fever

Second, (Immediate,) Relapse

Duration of Last Sickness, about 3 week,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20 1882

Undertaker, Wm H. Brangel

Place of Business, No 62 East st

[signature] M. D.,
Medical Attendant.

Address, 256 n Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Board of Health, City of Baltimore,

Permit No. 56867

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 93 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation, Huckster

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 289 N Broadway

Cause of Death, First, (Primary.) Senilis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 21 1882

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St

Apply cases M.D.,

Medical Attendant.

Address, Broad & Shank Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 56868 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Gallagher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number.} 325 Cathedral

Cause of death, First, (Primary.) Consumption and old age

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 21st 82

Undertaker, Wm Weaver

Place of Business, 202 Neutaw

P.S. I have not seen this patient lately: am informed she died suddenly this morning.

G Lane Tanneyhill M. D.,

Medical Attendant.

Address, 129 W Saddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

Date of Death, James May 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Frank Bayne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Rigger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First (Primary,) Accidentally falling from

Second (Immediate,) No 265 Lombard St and Fracture of skull 5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

F. G. Connolly M. D.

~~Medical Attendant.~~

~~Address~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 56870 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson Emery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 70 Short St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 20th 1882

E B. Tenby M. D.,
Medical Attendant.

Undertaker, Theodore J Lecke

Place of Business, 73 Jefferson St *Address,* 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

7

Board of Health, City of Baltimore,

Permit No. 57871

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Johnson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md,

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} 4 Shuter St.

Cause of Death, First, (Primary.) Pneumonia, (Catarrhal)

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20th 1882

Undertaker, Theodore Decker

Place of Business, 73 Jefferson

J. W. Chambers M.D.,

Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 56872 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 7 *Months,* 16 *Days,*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give N...

Cause of Death, {Fi... / Sc...

Cancer of ? Cancer of Womb —
Beg pardon for neglect.
J. Tyler Smith

Duration of Last S...

All the above informati...

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 21st

Undertaker, B. Hale

Place of Business, 482 West St.

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Barre... St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of [illegible]

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 576823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 92

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Dempsey Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 327 N. Broadway

Cause of Death, First (Primary,) Spinal Caries

Second (Immediate,) Septicaemia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brae Cemetery

Date of Burial, Monday May 23rd 92

G. H. Dixon M. D.
Medical Attendant.

Undertaker, J. A. McCoy Sons

Place of Business, 22 W. Fayette St *Address* 16 & 18 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 56874 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A Wadley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 7 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~———~~ 7

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, S. B.

Place of Death, { Give street and Number. } 141 Iceland St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tubercular Meningetis

Duration of Last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21

Undertaker, Hercules Ross

Place of Business, 95 Donnell Pl

Geo S Blake M. D.
Medical Attendant.

Address, 141 Iceland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Board of Health, City of Baltimore,

Permit No. 56815

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Joseph Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~Years.~~ 9 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 58 Stiles st

Cause of Death. First, (Primary.) Scrofula

Second, (Immediate.) Meningitis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 20th

Undertaker, Wendelin Tippel

Place of Business, W. Baltimore St. 151

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56876 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 P.M. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Hall

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 118 Mulliken St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 21st 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 137 Eutaw St

J. E. Griffith, *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56877 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 21 1892 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lanahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Adams City Pa

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and number.} 129 Yorkst

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 21st

Undertaker, J. C. Dill

Place of Business, 131 Duncan St.

Allen Dall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56878 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonhard Walz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 238 e Eager

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Lukas Cemetery

Date of Burial, May 22 1882

Undertaker, Henry Koch

Place of Business, 324 Central ave

John J. Litzer M. D.,
Medical Attendant.

Address, 166 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Secretary Below, and to List of Diseases of Re...

Board of Health, City of Baltimore,

Permit No. 56879 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Beard

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 N. Front St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 22d 1882

Undertaker, Chas P Byrne

Place of Business, 63 Front Address, 45 E Baltimore St

J. W. Houck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57880 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1982 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 day 1982

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Archibald Ballantyne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 1915 Paca

Cause of death, First, (Primary,) Hernia

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 22nd 1982

Undertaker. [illegible]

Place of Business, [illegible] *Address,* 1524 Hanover

D. Stuart *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physician ...

Board of Health, City of Baltimore,

Permit No. 56881 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1882

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wilhelmina Abrahams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 6 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and Number.} 280 East

Cause of Death, First, (Primary,) (Nephritis) Defy. of Kidneys

Second, (Immediate,) General Dropsy

Duration of Last Sickness, about one months

All the above information should be furnished by the Physician.

Place of Burial. Stalphons County

Date of Burial. May 21st 1882

Undertaker, H. M. Gibmeyer

Place of Business, 34 Canal

C. A. Bohne M. D., Medical Attendant

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rofs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 16 N Henrietta St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Continued

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 20/882

Undertaker, ...

Place of Business, ...

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56883 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah O'Hara

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Barnum's Hotel

Cause of death, First, (Primary,) Pericarditis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 21st 82

Undertaker, C. F. Krause

Place of Business,

H. W. Nebzlet M. D.,
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56884 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clemens Konze

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 6 *Years,* 7 *Months,* 16 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Segar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 4 yrs

Place of Death, {Give street and Number.} 52 Albemarle St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 22 1882

A Siegfried Shertzer M. D.,
Medical Attendant.

Undertaker, John Heaney

Place of Business, 389 Eutaw St Address, 11 S. 4th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56885 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Louis Eidsmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 7 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 Hewett St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22 1882

Undertaker, Philip J. Dice

Place of Business, 183 Columbia Ave

Thomas M. D.,
Medical Attendant.

Address, 76 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respect[illegible] the Remarks below, and to List of Diseases on[illegible]

Board of Health, City of Baltimore,

Permit No. 56886 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Polly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 111 York St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shantz

Date of Burial, May 21

Undertaker, H Ross

Place of Business,

Geo. W. Bunn M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore

Permit No. 57887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Richard H Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 213 Hoffman St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Intoxication

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20th 1892

Undertaker, Late J. P. Chase

Place of Business, 198 E. Howard St

W W Anthim M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56818 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Blackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 147 S. Caroline St.

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate.)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial Leonard Cemitry

Date of Burial, May 21st 1882

Undertaker, Theodore J. Eccles

Place of Business, 73 Jefferson St. *Address,* 117 S. Broadway

R. M. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 56889 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Smothers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 6 *Years,* ~~Months~~ ~~Days.~~

Color, Mulatto

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City - Md.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 106 Orchard St.

Cause of death, First, (Primary.) Malarial fever

Second, (Immediate,) Congestive Chill

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 21 1882

Undertaker, Alex Kunkel

Place of Business 116 Orchard St

F. B. Gardner M. D.,
Medical Attendant.

Address, 128 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule of Burial [illegible]

19 **Board of Health, City of Baltimore.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-6890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura M. Hare

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 153 W Stricker St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) " "

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 21st

Undertaker, McCeth & Shields

Place of Business, 60 N Carrollton ave

Jas. Lloyd Latimer M. D.
Medical Attendant.

Address, 38 Mt. Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 27891 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Putnam

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White.

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 12 q Harlem Av

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 22nd 1882

Undertaker, Denny & Mitchell

Place of Business, 12 Broadway

J. W. Hoeck, M. D., Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William C. Cox

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Adams Express Employee

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 33

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First (Primary,) } Fracture of the Skull

{ Second (Immediate,) }

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Monday May 23rd

{ Undertaker, J. H. McElroy Per

{ Place of Business, 32 N. Fayette St *Address*

H Connolly *M. D.*

~~Medical Attendant.~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36823 *Office of Registrar of Vital Statistics.* Ward ~~15~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lehr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* 20 *Days.*

Color, ——

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs —

Place of Death, {Give street and number.} Price St — (no house number)

Cause of death, First, (Primary,) Fatty degeneration of heart —

Second, (Immediate,) Apnœa ~~+ asthenia~~ —

Duration ~~*of last*~~ *Sickness,* ~~in bed~~ — 10 ds or 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Burial ground

Date of Burial, May 21. /82

Undertaker, John T Paulus

Place of Business No 66 Fredk av

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56884 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Felthausen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy six Years, Months, Days.

Color,

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Peekskill N.Y.

Duration of Residence in the City of Baltimore, fifty years

Place of Death, {Give street and number.} # 318 Eastern Ave.

Cause of death, First, (Primary.) Asthma

Second, (Immediate.) Old age

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 22nd 1882

Undertaker, A. Brane

Place of Business, Bank & Hoff Sts

Walter Way M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57695 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Siebert

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 37 *Years,* 6 *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 1. Charles Street 151

Cause of death, {First, (Primary,) Septicaemia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 23 May 1882

Undertaker, Rau & Bartels

Place of Business, 62½ W Bell St

Dr. F Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56896 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Rutherford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 16 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 298 Saratoga

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,) Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22/92 4PM

Undertaker, Chas. H. Blizzard

Place of Business, Conway & Dolphin

Louis C. Klein M. D.,
Medical Attendant.

Address, 226 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 16897

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhanna E Stone

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 375 E Baltimore St

Cause of Death, First, (Primary.) Measles & Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, abt 8 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 22, 1882

Undertaker, Leonard Pitz

Place of Business, 129½ S. Broadway

Geo. L Kinnear M.D.,
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56898 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry H. Easter,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Oyster & Fruit Packer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 318 E. Eden St.

Cause of Death, First, (Primary,) Pneumothorax

Second, (Immediate,) Anasarca

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 22nd May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles

G. H. Lusk M. D.,
Medical Attendant.

Address, Balt. & Mad. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 5689 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenor C. Gundersdorf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 4 yrs & 5 mos

Place of Death, {Give street and number.} 280 W. Lombard St

Cause of death, First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 22nd May 1882

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles St *Address,* Fairmount Ave.

R. C. Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

Board of Health, City of Baltimore,

Permit No. 16900 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brennan
& Donnell

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, ... Years, ... Months, ... Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 107 S. Eutaw St

Cause of Death, First, (Primary,) Pneumonia — Typhoid Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 0 Days (4) Days. Visited only once

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 22 or 23 82

Undertaker, G. Frank

Place of Business, Bank & Wolf Sts. *Address,*

L. White M. D.,
Medical Attendant.

No. [illegible] W. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 56901 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Dauses

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Berne

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 N. Chapel st.

Cause of death, First, (Primary,) Bronchitis Capillary

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons. Cemetery

Date of Burial, May 22 nd 1882

Undertaker, G. Franz

Place of Business, Bank & Gold Sts. *Address,* 369 E. Baltimore St.

J. Heidelberg. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 26202 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida Emery

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Few *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —— —— ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} #6 Pollock st.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, New Shark St. Cemetery

Date of Burial, May 22nd 1882

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 N. Gay St.

S. D. Small M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Irene King

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, one week.

Place of Death, {Give street and number} 53 N. Paca St.

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 22nd 1882

Undertaker, Jos B Cook

Place of Business, No 707 N Gaith Street

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

Board of Health, City of Baltimore,

Permit No. 56904 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hurley

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 49 Block 4

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 22nd

Undertaker, Michael Lynch

Place of Business, No 35 Bank *Address,*

Geo. B. Reynolds M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12 — **Board of Health, City of Baltimore,**

Permit No. 56905 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pleasant Harmon

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, House Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline County Virginia

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} Druid Hill Ave Extended

Cause of Death, First (Primary,) Jaundice

Second (Immediate,) Coma

Duration of Last Sickness, about two Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 22 1882

Undertaker, Frank Goan

Place of Business, 65½ W. Balto St

Samuel Hann *M. D.*
Medical Attendant.

Address 153 McCulloh
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 56706 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 45 — *Years.* — *Months.* — 1 *Days.*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Driving life

Place of Death, { Give street and Number. } 2185 Caroline St

Cause of Death, { First, (Primary.) Asthma (supposed) / Second, (Immediate.) ? }

Duration of Last Sickness, about 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 21

Undertaker, Wm Coleman

Place of Business, City Hall

Chas. H. Corbit M. D.,
Medical Attendant.

Coroner's

Address, 60 Edmonds Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 5607 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 22 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Haggans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 331 E. Pratt St.

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Meningitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 22nd 1882

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

G. Glanville, Lee M. D., Medical Attendant.

Address, Balt. & Brad. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 56908 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
22
1952
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1952

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bryant Cruse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 1638 Eutaw St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 2 Days

All the above Information should be furnished by the Physician.

Place of Burial, Dr. Peters

Date of Burial, May 28th 1952

Undertaker, M. Clarke & Sons

Place of Business, 67 E. Baltimore St

D. Gladney M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5 6909 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 Shuckton alley

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} No 21 Norris alley

Cause of death, First, (Primary.) &

Second, (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Harpers Cemetery

Date of Burial, May 22 1882

Undertaker, William N Berger

Place of Business, No 62 East Street

M K Brown M. D.,

Medical Attendant.

Address, Shuckton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57910 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archer Chapman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~x years~~ Virginia

Duration of Residence in the City of Baltimore, x years

Place of Death, {Give street and number.} 15 Upton St

Cause of death, First, (Primary,) —

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, May 22 1882

Undertaker, William N Dorsey

Place of Business, No 62 East Street

W. Gray Smith M. D.,

Medical Attendant.

Address, 229 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56911 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 246 N. Dunham's

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial Funeral cemetery

Date of Burial, May 22. 1882

Undertaker, William N Bonge

Place of Business, No 62 East 8th Street

Geo F. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56912 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rasmuth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 126 Saratoga St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 23d 1882

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Chas. H. Tuff M. D.,
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 16 56913

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 22 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Kramer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 604 Hamburg Between Ca

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Permin Luther Druidhill

Date of Burial, May 22nd 1882

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

John F. Mankle M.D.,
Medical Attendant.

Address, 208 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1

Board of Health, City of Baltimore,

Permit No. 57914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Suter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.} Married

~~(Occupation).~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} No 142 S. Hoef St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity St Cemetery

Date of Burial, May 22d 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 99 Jackson Place

Thomas B. Evans M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36915 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Richard Wall

Sex, Male or ~~Female,~~ (Cross out the word not required in this line.)

Age, 53 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ (Cross out the word not required in this line.)

Occupation, Laborer

Birthplace, (State or country, and how long in the United States, if of foreign birth) Ireland - Twenty years

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, (Give street and Number.) University Hospital

Cause of Death, First, (Primary,) Lardaceous Degeneration of Liver.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem

Date of Burial, May 23rd 1882 C. W. Mitchell M. D.,

Medical Attendant.

Undertaker, W. Sandt & Son

Place of Business, 252 Caroline Ave *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5691 6 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22. 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday ~~About~~ May 21st (midnight)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P. A Brien

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Telegraph Operater

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 184 N. High St

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Boonia Box Cemetery

Date of Burial, May 23rd 1882.

Undertaker, James D Byrne

Place of Business. No 63 N Front St

Wilmer Brinton M. D.,
Medical Attendant.

Address. 25½ Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.' [OVER.]

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Board of Health, City of Baltimore,

Permit No. 57917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 22. 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret A. Blake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 109 N. Eden St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 23d 1882

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St *Address,*

Geo. Frothingham M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-6918 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Cornick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 9 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 169 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23

Undertaker, Herculeus Boss

Place of Business, 1915 Conway St

Thomas Cook M. D.,
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucius McColman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} # 1 Redmans Ct

Cause of Death First, (Primary,) —

Second, (Immediate,) Consumption of Throat

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. S. Gillis M. D.
Medical Attendant.

Address, 57 Dr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 56920

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Hinselbaugh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } #85. N Gay St

Cause of Death, First, (Primary.) Accident. Fracturing both legs above the Knee & internal injury

Second, (Immediate.) Congestion of the Brain & hemorrhage

Duration of Last Sickness, 43 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, May 23rd 1882

Undertaker, Jas O Byrne

Place of Business, 63 Hanover

Saml Bell M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56921 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Justina Schaffer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26. *Years,* 4 *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, — wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md - all her life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 541. N Gay St

Cause of Death, { First, (Primary.) Consumption of lungs - Second, (Immediate,) — do —

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, May 24 82

Undertaker, F. Frank

Place of Business 24 S Wolf St

G A Bohne M. D., Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th[illegible] Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5-6922 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1922 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Kline

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } ▷

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 14 ~~Days~~

Place of Death, { Give street and Number. } 1 Marshall Ave, Towson

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Ephantiasis

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 22

Undertaker, P. McGarvey

Place of Business, 42 West St

C. W. Ellis M. D., Medical Attendant.

Address, 318 E. Lex

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36923 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Ferrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and Number.} 15 Hill St. Canton

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebral Congestion

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 21st 92

Undertaker, G. Frank

Place of Business, Bantz & Wolf *Address,* [illegible]

D. Mitty, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56924 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Chas. H. Dorsey

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 49 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the word not required in this line.)

Occupation, Porter

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Howard Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, (Give street and Number.) No. 1 Short St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 22nd 82

Undertaker, Fred J Lochr

Place of Business, #73 Jefferson Francis A. Sauer M. D., Medical Attendant.

Address, 105 W. Centre Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 56926

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Margaret Roten

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~Years,~~ 1 Months, 14 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 36 N. Chapel st

Cause of Death, First, (Primary.) Syphilis (Congenital)

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Int Cemetery

Date of Burial, May 22

Undertaker. Frye & Son

Place of Business, 57 N Broadway

Thomas J. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56926 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1932 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson Jane Gilbert

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, one hour ~~Years,~~ ~~Months,~~ ~~Days.~~

Color Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Lewis St

Cause of Death, First, (Primary,) the Mother hurt herself

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.,

Date of Burial, 22 of May

Undertaker, Mr Dungans

Place of Business,

Geo. W. Denson M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Physician in Charge of the Institution Named in the Address Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57927 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bosman

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 4 *Months,* 18 *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 38 yr.

Place of Death, {Give street and Number.} 131 Hamburg

Cause of Death, First, (Primary,) Debility of Heart

Second, (Immediate,) & Senility & Exhaustion

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 23 92

Undertaker, Armstrong & Davis

Place of Business, No 263 Lex. Mkt

Dr. H. Ellis M. D., Medical Attendant.

Address, 313 E Lex St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57928 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years —

Place of Death, {Give street and Number.} 16 Parkin St —

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Sudden death. A few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, May 23. 1882

Undertaker, J. F. Byrne

Place of Business, 59 N. Liberty St

Edwd. F. Mulholland M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57929 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George [redacted] Post

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 16 *Years,* — *Months,* 19 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Paper Boy Man Gentleman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N. 215 W. Pratt St

Cause of Death, First, (Primary,) Enteritis cholerina.

Second, (Immediate,) the last [redacted]

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th 1892

Henry Lahzer M. D.,
Medical Attendant.

Undertaker, Ernst Schroeder

Place of Business, 200 Sharp St *Address,* 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 5690 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bellman

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 43 Burke St.

Cause of Death, First, (Primary,) measles

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, 24th May 1882

Undertaker, Wm. Nicolais

Place of Business 258 Alice Ann. *Address,* 110 Broadway

R. W. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 36931 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Garetzky

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 109 S. Durham

Cause of Death, First, (Primary,) Diphtheria scarlatina

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Br. Asylum

Date of Burial, May 23d

Undertaker, J. Funk

Place of Business, 24 S. Wolf. *Address,* 24 S. Monroe

Fathia M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention ... Physician ... Returns below, and to List of Diseases on back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 56932

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Foley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number.} 43 Mulberry st.

Cause of Death, First, (Primary.) Old Age.

Second, (Immediate.)

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 25th May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 116 W. Monument St

C. C. Donovan M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56933 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} Co Grand & Ca

Cause of Death, First, (Primary,) Phtisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial Balt Cemetery

Date of Burial, May 24th 1882

Undertaker, S P Byrne

Place of Business, Front St

D. Scott M. D.,
Medical Attendant.

Address, 143 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56934 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Lange

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 *Months,* 2 *Weeks* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 127 S. Eden

Cause of Death, { First, (Primary,) Eclampsia / Second, (Immediate,) .....

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel.

Date of Burial, May 24

Undertaker, M. Funk.

Place of Business, Bankard

James E. Donnelly M. D., Medical Attendant.

Address, 290 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56935 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Mehring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number.} 376 Hamburg St

Cause of death, First. (Primary.)

Second. (Immediate.) Dyptheria

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetary

Date of Burial, May 23.

Undertaker, Fred. Yaede.

Place of Business, No 24 Caroline st

H. L. Spence M. D.,

Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16936 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore died

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} X 393 W. Lombard St

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness, Six (6) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, May 23d 1882

Undertaker. Deucy & Mitchell

Place of Business, 550 W Fayette St

A. L. Spear M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56937

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McPherson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* 3 *Months,* 13 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Fairmount Ave

Cause of Death, First, (Primary.) General Debility, &c.

Second, (Immediate.)

Duration of Last Sickness, Ailing for a long while

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 24th 1882

Undertaker, Wm H Hickman

Place of Business, No 234 N Gay St

R W Cattell M.D.,

Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56938 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Marie Gunby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, 9

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and Number.} 125 S. Ann St.

Cause of Death, First, (Primary,) Heart disease Complicated with gastritis

Second, (Immediate,) " " " "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, May 25th 1882

Undertaker, Limmy & Mitchell

Place of Business, 65 S. Broadway *Address,* 378 E. Baltimore St.

E. P. Bonn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56939 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Feigman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 9 *Months,* 6 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 209 S. Broadway

Cause of Death, First, (Primary,) Cirrhosis of the Liver

Second, (Immediate.)

Duration of Last Sickness, 3 mos.

All the above informations should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, May 23" 82

Undertaker, M. A. Saizer

Place of Business, 74 S. Bond

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Reports blow, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Andrews

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One hour. ~~Years~~, ~~Months~~, ~~Days~~.

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 95 N. Wolfe St

Cause of Death, First, (Primary.) Premature Birth (at 6½ month intra-gestation)

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 23rd 82

43 F Leonard M. D.
Medical Attendant.

Undertaker, G. Franco

Place of Business, Banks & Wolfe Sts. *Address,* 34 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 56941 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Skinner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 271 Canton Av,

Cause of death, First, (Primary,) Found case "in articulo mortis"

Second, (Immediate,) Died probably from "Pernicious Fever"

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 23rd 82

Undertaker, G. Frame

Place of Business, Bonts & Wolf St *Address,* # 243 Aliceanna St

John H. Kehlinger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56942 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Boyd

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and Number.} 1 Eutaw Place

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial. May 23 1892

Undertaker, G. France

Place of Business, Davis & Wolf *Address,* .....

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Pyler.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 58 *Years,* 4 *Months,* *Days.*

Color, Black.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give street and number} 50 Hollins St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Pneumonitis

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Lorraine~~ Shaw's Cemetery

Date of Burial, May 23

Undertaker, H. Ross

Place of Business, 95 Conway St

A. H. Watts M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

9
Permit No. 56944

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25. 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Volley Rubac

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, Blk.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, — his death

Place of Death, { Give street and number. } 66 Saratoga

Cause of Death, First, (Primary.) Artificial food.

Second, (Immediate.) Gen debility

Duration of Last Sickness, 3 wks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th

Undertaker, W J Gray

Place of Business, Mulberry St

Herbert Harlan *M.D.,*
Medical Attendant.

Address, Balto Gen Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56945 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie M Huber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 287 W^o Henry St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 24th 1882

Undertaker, J B Cook

Place of Business, ...

Geo. N. Benson M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66946 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Florence Moore

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 270 Orleans St

Cause of Death, First, (Primary,) Spinal Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, About five weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Wednesday May 24

Undertaker, J. H. McCoy Nos

Place of Business, 22 W Fayette St *Address,* Broadway & Mc Elderry St

Milton A. Taylor M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 56947 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Joseph Metz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 220 E. Eager St

Cause of death, First, (Primary,) Double Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St James Ch

Date of Burial, May 27 1882

Undertaker, Henry Cook

Place of Business, 120 N. Eutaw St.

I. W. Blair M. D.,
Medical Attendant.

Address, 220 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56948 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Kelleher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 10 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 1 Wilcox St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, May 23rd 1882

Undertaker, Healy Sons

Place of Business, 219 N Eutaw St

Dr Hinkle Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16949 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGraw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Soap Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} S. W. Cor. John St & Greenmount Ave

Cause of Death, First, (Primary,) Alcoholic cyanosis

Second, (Immediate,) Haemetemesis

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 24th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wm. A. Tooker Foyle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56950 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gately

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years.* 2 2 *Months,* ..... *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 211 Park ave

Cause of death, First, (Primary,) Accidental fall down stairs

Second, (Immediate,) convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 23th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanneyhill M. D.,
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57651 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 23 '82 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1882.

Full Name of Deceased, { Write legible and spell correctly. If an infant not named, give names of parents. } Alexander Gale

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One *Years,* ten *Months,* twenty *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 24 Monks Alley

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) " "

Duration of Last Sickness, 3 days only saw him the last day, 12 hours before death

All the above information should be furnished by the Physician.

Place of Burial Mount Lafayette

Date of Burial, May 24th 1882

Undertaker, Sand. W. Chase

Place of Business, 178 E. Monument

Elias C. Price M. D.,
Medical Attendant.

Address, 262 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 57952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Dyson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 14 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Lewis st

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23. 1882

Undertaker, William McDonnell

Place of Business, 62 East St

E. C. Baldwin *M.D.,*
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Riley

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, ~~*Years,*~~ *Months,* 3 *Days.*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 146 Aliceb't

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 46 Walker St

Cause of Death, First, (Primary.)

Second, (Immediate.) Infantile Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Shuck's Cem'y

Date of Burial, 25th May

{*Undertaker,* H Reid

Place of Business, 25 Conway St

A. Edmunds *M.D.,*

Medical Attendant.

Address, 178 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57954 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur L. Waldmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 N. Eden st

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Nine Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 24th

Undertaker, Geo Schilling

Place of Business,

J. F. Gr[illegible] M. D.,
Medical Attendant.

Address, 137 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5695 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles. D. Joynes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2. *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 272 Chew St

Cause of death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetrie

Date of Burial, May 24 1882

Undertaker, John Henning

Place of Business, 382 Colvert St

Wm. E. Runnie M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 56956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1881

Full Name of Deceased, {Write legibly and Spell correctly. If an Infant not named, give names of parents.} Francis Cole

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 2 *Years.* 4 *Months,* —— *Days.*

Color, Dark

Married, Single, Widow or Widower. {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 37 St Paul St

Cause of Death. First, (Primary.) Pulmonary Tubercles

Second, (Immediate.) 2 Weeks

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 23rd

Undertaker, M Coleman

Place of Business, ——

T J Ward M.D.,

Medical Attendant.

Address, 12 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5695 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 23

Date of Death, May 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 5 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternité

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 24th 1882.

Undertaker, Patd. Hunt

Place of Business, Townsend & Divine

R. W. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem Ave and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57958

Office of Registrar of Vital Statistics. 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Link

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} 286 Fort St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 3 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Merced Cemetery

Date of Burial, May 27

Undertaker, B. Meade

Place of Business, 82 West St.

C. A. Cole *M.D.,*
Medical Attendant.

Address, 513 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56959 *Office of Registrar of Vital Statistics.* Ward 11

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Bullen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 74 St Mary St

Cause of Death, First, (Primary,) "

Second, (Immediate,) Organic Disease of Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, May 24, 1882

Undertaker, John E. Jordan

Place of Business, 62 Park ave

J. Miller M. D.,

Medical Attendant.

Address, 89 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56960 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Somers.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* , *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} No 43 Burke St.

Cause of death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of Last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, May 25th 1882 } John H Kilbourn M. D.,

Undertaker, H. Sauer & Son } Medical Attendant.

Place of Business, 252 Canton Ave. *Address,* # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57961 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Brandt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* 7 *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 S Chapel ste.

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelic, Cem

Date of Burial, May 24th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave. *Address,* 160 Saratoga ste.

John J. Utzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57962 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Mayr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen years.

Place of Death, {Give street and Number.} 240 S. Broadway

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, ~~May 25th 1882~~ Eden St. Habrera

Date of Burial, ~~May 25th 1882~~ Eden St. Habrera

Undertaker, ~~Wm. Elam~~ Wm. Elam

Place of Business, 101 Gough St.

John H. Kehberger M. D., Medical Attendant.

Address, X 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 56963

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret C Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 115 E Lombard

Cause of Death, First, (Primary.) Malarial Fever and

Second, (Immediate.) Brights Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 24th 1882

Undertaker, Jno C Byrne

Place of Business, 68 Front

C. A. Harrison *M.D.,*

Medical Attendant.

Address, 78 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56964 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Cunigin

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 82 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co. Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 325 N. Eden st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial Bristol Anne Arundel Co Md

Date of Burial May 25. 1882

Undertaker, William H Heckman

Place of Business, 2311 N Gay St. *Address,* 305 N Caroline St.

Geo A Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 569 65 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sue M. Stevenson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 29 *Years,* Eight *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll County Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and Number. } 204 Argyle ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 24

Undertaker, C H Blizzard

Place of Business, 198 Penna ave

Jas. E. Gilbourne M. D., Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56966 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelle Gratton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Louisiana,

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 57 N. Exeter St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Druid St

Date of Burial, May 25 82

Undertaker,

Place of Business,

J. W. Hanck M. D.,
Medical Attendant.

Address, 95 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56967 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Cyarnowsky

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* ~~3~~ *Months,* 2 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} S. E. Corner Fombard & Payson Sts.

Cause of Death, First, (Primary,) Albumen Uremia

Second, (Immediate,) Disease of Child Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, May 25th

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave.

J. L. Kirkland M. D.,

Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56968 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1892 BALTIMORE

Date of Death, May the 23th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick W. Lantz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 203 S. Broadway

Cause of Death, First, (Primary,) was not Sick took Spassum

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel,

Date of Burial, May the 24th

Undertaker, Wm. Nicklaus

Place of Business, All...

Geo. W. Dunn M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6969 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wilkerson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, ~~—~~

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 814 N. Gilto Pl.

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 24 / 1882

Undertaker, Libby & Mitchell

Place of Business, 59 & 61 Fayette St *Address,* 1 Waverly Terrace

Rob Leyton *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Riley.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months.* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Division St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cem

Date of Burial, May 24th 1882

A. T. Bell *M. D.*
Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw St *Address* 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ation of Baltimore, to the Numbers Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56971 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 88

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. F. McDavis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 446 West

Cause of Death, First, (Primary,) Pseudomembranous Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25th 1888

Undertaker, Ernst & Dern

Place of Business, 263 E. Eight St.

R. A. Pecks M. D.,
Medical Attendant.

Address, 67 E. Eight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36972 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Stitter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 16 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } !

Occupation, Blacksmith

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 527 Light -

Cause of Death, First, (Primary,)

Second, (Immediate,) Smaee. Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 24/82

Undertaker, B. Harlan

Place of Business, West-21- *Address,* Bd of Health

Geo. W. Dawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Geo. W. Brown

Special attention of Physicians is respectfully invited to the Numbers below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56973 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Corrigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 Years, *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Weaver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 120 N. Bond St

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 25th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Permit No. 57974

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

H.D. DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kemp.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 6 Bruce St.

Cause of Death, First, (Primary.) Laryngitis.

Second, (Immediate.) Asphyxia.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, May 25th

Undertaker, Jos. B. Crook

Place of Business, 76 W. Balto St

J. H. Scarff M.D., M.D.,
Medical Attendant.

Address, 11 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Registration of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56975 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bissar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 141 Battery Ave.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Heart Disease (Chron Val.)

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 26

Undertaker, B. Hurd

Place of Business, 52 West St.

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 56976 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Rules

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seven *Years,* — *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 17-102 E. Camden St

Cause of death, First, (Primary,) Dysphoria Fever

Second, (Immediate,) " " Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, May 26th 1892

Undertaker, J. H. J. Lochs

Place of Business, 73 Jefferson St

Rhufus Winsey M. D.,
Medical Attendant.

Address, 155 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37977 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kenney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 22 Neighbor St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 25 1882

Undertaker, Wm P Byrne

Place of Business, Fremont St

Rob Brooke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Ray Mammaner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 20 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 337, Eastern Avenue

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks' Cem.

Date of Burial, May 27th 82

A. P. Clarke M.D.
Medical Attendant.

Undertaker, G. Frame

Place of Business, Bond & Wolfe Sts *Address,* 237 Gough St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 56979 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Gardner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 192 N. Eutaw

Cause of Death, First. (Primary,) Phthisis Pulmonalis

Second. (Immediate,) asthenia

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 26

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

D. Stocell M. D.,
Medical Attendant.

Address, 1103 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 56980 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within [illegible] hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit can be granted for burial, unless accompanied by a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Dillfelder

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 11 *Months,* 14 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and Number.} 181 S. Washington St.

Cause of Death, First, (Primary,) Ovarian Cyst.

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial St. Paulus Cemetery

Date of Burial, May 26th 1882

Undertaker, L. Ritz

Place of Business, No. 129 S. Broadway

A. F. Esch M. D.,
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HYGIENIC BOARD MAY 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Cromer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 305 Hollins st.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Perforation & consequent Peritonitis

Duration of last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, May 26th 1882

Undertaker, Jos R Cook

Place of Business, No 707 W Baltimore Street

John Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56982 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1882 BALTIMORE

Date of Death, May 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Canoll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} Pine St. near Western Police Station

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, May 23/82

Undertaker, Fred A Kirchner

Place of Business, 150 S Carrollton Ave

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56983 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jannie Jenifer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1 Cross Alley

Cause of Death, { First, (Primary,) Enanition

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cem

Date of Burial, May 27th

Undertaker, H A Kreckmer

Place of Business, W Pub Cem

Geo. W. Benson M. D.,
Medical Attendant.

Address, Bon. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56984 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Theobing

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 4 *Years.* 6 *Months.* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nel

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 196 Chestnut av

Cause of Death, First, (Primary.) Scarlatina Malagna

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Mount Carmen

Date of Burial, May 25th 1882

Undertaker, Jos P Boyne

Place of Business, Front st

J. Stull M. D.,

Medical Attendant.

Address, 143 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56985 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25, 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Dickson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 26 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jones court near Washington & Hanover St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 105 N Spring St.

Cause of death, First, (Primary,) Pneumonia. Extended

Second, (Immediate,)

Duration of Last Sickness, Last month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25 1882

Undertaker, Chas A White

Place of Business, 35 Granby

C. R. Eversfield, M. D.,
Medical Attendant.

Residence ~~Address~~, 253 Eastern Ave.
near Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56986 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Mrs Mary Mossbach~~ May 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss M. Mossbach

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} Cor Lemon & Mount St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 2 days. death Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 25th of May.

Undertaker, P. Kummert

Place of Business, 317 Mulberry

Edwd. F. Luckwell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrica Young

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* 6 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 5 Green Hillen Ct

Cause of Death First, (Primary,) Dipsheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25. 82

Undertaker, Wm Hemsley

Place of Business, 1160 Charles St *Address,* 134 N Carrollton Av

Dr. A. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 56988 *Office of Registrar of Vital Statistics.* X1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 25 1892 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Louisa Ferguson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Femal

Age, Years, 7 Months, 29 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimor County

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 192 Madison Ave

Cause of Death, First, (Primary.) Tubracular Meningitis

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 26th 1892

Undertaker, [illegible]

Place of Business, [illegible]

Rob't W. Johnson M.D.,
Medical Attendant.

Address, 70 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56989 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. May 24. 1882.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Clara Bell Woodlands

Sex, ~~Male~~ or *Female,* (Cross out the word not required in this line.)

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 51 E. Monument St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial H. Fair Cem'y

Date of Burial, May 26 1882

Undertaker, John E Jordan

Place of Business, 62 Park ave

J. E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 56990 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Mecaster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 153 N Calvert St

Cause of death, First, (Primary.) Pentonitis Acute with ulcerative Perforation

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Post Mortem was held in this case

Place of Burial, Green Mount

Date of Burial, 27th May 1882

Undertaker, H W Jenkins & Son

Place of Business, 75 N. Charles St.

J H Patterson M. D.,

Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa H. King

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 53 N. Paca

Cause of Death, First, (Primary,) Erisipelas

Second, (Immediate,) ____

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th 1882

Undertaker, Jas S Leech

Place of Business, No 707 N. Baltimore Street

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George King.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53 W. Paca St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th 1882

Undertaker, Jas. B. Cook

Place of Business, No 707 W. Baltimore Street

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Phy[illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56993 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1897 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph F. Price

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, W

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B City

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and Number. } 1 Marshall St

Cause of Death, First, (Primary.) Malassimilation

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 wks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31

Undertaker, B. Hess

Place of Business, 42 West 14 *Address,* 315 Light

R. A. Pallen *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... ted to the remarks below, and to List of Diseases on back of this Certificate.

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 56994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Melia Jackson

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, Blk *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, till death

Place of Death, {Give street and number.} 89 Sarah Ann.

Cause of Death, {First (Primary,) Bronchitis / Second (Immediate,) ~~2a~~ Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery *Date of Burial,* May 26th 1882

Herbert Harlan M. D.
Medical Attendant.

Undertaker, Hamm & Cofflers *Address* 216 Madison Ave

Place of Business, 2nd & Hill Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 56994 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24. 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Leppman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Farmer (retired from business)

Birthplace, { State or country and how long in the United States, if of foreign birth. } Germany 63 yrs.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } * 179 N. Front St

Cause of Death, { First, (Primary,) Vascular disease of heart / Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, Saturday May 27

Undertaker, J. W. McCorkle

Place of Business, 422 N. Fay. Ave

Geo. A. Norman M. D., Medical Attendant.

Address, *305 N. Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 56996 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Keubler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 *Years,* 5 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 60 W. Eldersy Alley

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,) Anasarca

Duration of Last Sickness, Unable to take [illegible] attended [illegible]

All the above Information should be furnished by the Physician.

Place of Burial, Saints Convert

Date of Burial, May 27 1882

G. G. Lusk M. D.,

Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans Address, Balt. & Wash.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The [illegible] Below, and to List of Diseases on Back of this Certificate.

26

Board of Health, City of Baltimore,

Permit No. 56997

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR. 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Travers

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 92 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 287 Argyle Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis from Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 27th 1882

Rigg's Buckler M.D.,
Medical Attendant.

Undertaker, Wm O'Weaver

Place of Business, No 202 N Eutaw St *Address,* 135 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56 98 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 123 N. Central Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 28th

Undertaker, Wm. H. White

Place of Business, 33 Granby St. *Address,* 319 N. Central Ave.

E. B. Tenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The [illegible] Attending Physician will please fill out Remarks below, and to List of Diseases on Back of this Certificate.

15

Board of Health, City of Baltimore,

Permit No. 56999

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years.* *Months.* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 York St,

Cause of Death, First, (Primary.) Erysipelas,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 Days;

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1882

Undertaker, Geo. W. Perkins

Place of Business, 13 Bennett Pl

J. W. Chambers M.D.,
Medical Attendant.

Address, 133 Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty [illegible] Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish [illegible] forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far [illegible] same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible]d date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...marks below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 5700

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 26 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 25th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence E Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Three *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 15. Glasset alley

Cause of Death, First, (Primary.) Irritation of the Spinal et Malarial Fever

Second, (Immediate.) Clonic Spasm et Congestion of the Lungs

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May the 27 1882

Undertaker, G. W. Perkins Jr & Co

Place of Business, 130 Henrietta St

T. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

T. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

11

Board of Health, City of Baltimore,

Permit No. 27001

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAY 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Douglass

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 Druid Hill Ave

Cause of Death, First, (Primary.) Water on the brain

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May the 27th 1882

Undertaker, Chas Perkins & Co

Place of Business, 138 Harrilla St

H. Thomas M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57002 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 26, 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Gregory

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ... *Months,* ... *Days,*

Color, C

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gloucester Co. Va

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 164 S. Sarah Ann Street

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Fourteen Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 26 1882

Undertaker, [illegible]

Place of Business, [illegible]

Chas. G. Goff M. D.,
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th May 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Eliza McGarity

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 30 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 416 E. Pratt St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) "

Duration of last Sickness, abt. 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

A. McAllen M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 57604 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mercer Pulley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 70 Rose St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 70 Rose St

Cause of death, First, (Primary.) Rubeola Measels

Second, (Immediate,) Confistion Convulsion

Duration of Last Sickness, 5 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 28th 82

Undertaker, G. Frame

Place of Business, Bonta & Wolfe *Address,* 28 O Donnell St

J E Pritchard *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Live...

Board of Health, City of Baltimore,

Permit No. 57006 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 28 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret E. Myers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ---

Occupation, ---

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No. 28 [illegible]

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate.) [illegible]

Duration of Last Sickness, [illegible]

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, May 27 1892

Undertaker, G. Frances

Place of Business, Park & Mt. *Address,* [illegible]

[illegible], *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Jezac,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6. *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 140 S. Ann St.

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,) Spasms.

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. J. J. Sullivan, M. D.

Date of Burial, May 27th 82 Medical Attendant.

Undertaker, G. France

Place of Business, Bank & Wolfe Address 116 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 57007 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Elizabeth Talbert

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, One Years One Months, eight Days,

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Waverly, Baltimore Co. Md.

Duration of Residence in the City of Baltimore, One Year and 14 days

Place of Death, {Give street and Number.} Little Vine (Street) No. 232.

Cause of Death, First, (Primary,) Scrofula.

Second, (Immediate.) Asthenia.

Duration of Last Sickness, All her life.

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, May 26th

Undertaker, W A Dugee

Place of Business, [illegible]

E. Welty, M. D.,
Medical Attendant.

Address, 257 N. Gilmore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Accounts

Board of Health, City of Baltimore,

Permit No. 5700 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kuckeman

~~Sex~~ *Male* ~~or Female.~~ {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 14 S. Eutaw

Cause of Death, First, (Primary,) Pleuro pneumonia

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Trinity Cem.

Date of Burial, May 27 82

Undertaker, H. Lyle

Place of Business, 151 Bond St. *Address,* 245 S. Eutaw

J. Watkins M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore.

Permit No. 57609 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Trufsman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} No 102 Hill St

Cause of death, First, (Primary,) Heart Clot

Second, (Immediate,)

Duration of Last Sickness, died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th

Undertaker, F. N. Todd

Place of Business, # 131 Hanover St

J. C. Bunch M. D.,
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

Permit No. 57010 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Harrington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8 E. Mt. Av—

Cause of death, First, (Primary,) Complication of uraemia

Second, (Immediate,) Paralysis, Exhaustion

Duration of Last Sickness, 8 Mo

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 26th

Undertaker, H. & E. Maidenfield

Place of Business, 90 Green

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, Calvert & Lexington

Doc

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 57011 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th May 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Arnold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } (America)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and No. } Asylum of the Little Sisters of the Poor cor. St. John and Valley Sts.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24th 1882

Dr. Frank Boyle *M. D.,*

Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully

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Board of Health, City of Baltimore,

Permit No. 57012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. RECEIVED MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine F. Norris.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female.

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Salsbury. Md.

Duration of Residence in the City of Baltimore, 47 Years.

Place of Death, { Give street and number. } 354 Lanvale St.

Cause of Death, First, (Primary.) Phlegmonoid Erysipelas.

Second, (Immediate.)

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 28th 1882

Undertaker, Thos. A Naylor

Place of Business, 60 E Bells St

Jno F Powell M.D.,
Medical Attendant.

Address, 227 Cumberland Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 5703 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Marion and Sarah Byrne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* *Months,* 12 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 Valley St.

Cause of death, First, (Primary,) Lack of Development- owing to Premature Birth.
~~Second, (Immediate,)~~ The Mother only being 6½ months advanced in utero Gestation.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Govans Town St Mary Cemetery

Date of Burial, May 27 1882

Undertaker, James P Byrne

Place of Business, No 63 n Front St

Wilmer Dunbar M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

Permit No. 57011 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rigger & Sail Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} 267 S Durham St

Cause of death, First, (Primary,) Bright's Disease of the Kidneys

Second, (Immediate,) Paralysis of the Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 29 1882

Undertaker, H. Daniel & Son

Place of Business, 252 Canton Av

[illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 57015 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst. Maczieowski.

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Neuenburg Germany

Duration of Residence in the City of Baltimore, 4 hours

Place of Death, {Give street and number.} Ger. & Locust point Balto Md.

Cause of death, First, (Primary,) Enteritis.

Second, (Immediate,) Enteritis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 27th 1882

Undertaker, H. Sanders & Son

Place of Business, 252 Canton ave, *Address,* S. Strassburg

Drs. Platt, *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John William George Strobel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 407 Eutaw ave

Cause of Death, First, (Primary.) Measles

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 28th

Undertaker, H. Sangler & Son

Place of Business, 252 Canton ave *Address,* 53 Eliot St

E. Williams *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 57017 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe A. Croyeau

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 203 W. Fayette St.

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Cerebral effusion

Duration of Last Sickness, Eighteen hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 29th May 1882

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles

John Neff M. D.,
Medical Attendant.

Address, 204 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Ensey Davis

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 45 *Years,* 2 *Months,* 18 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Iron Worker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } R ~~6~~ 142 Monroe & Franklin st

Cause of Death { First, (Primary,) Valvular disease of the Heart
Second, (Immediate,)

Duration of last Sickness, only a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 29 1882

J. Harvey Hull M. D.
Medical Attendant.

Undertaker,

Place of Business,

STEWART & MOWEN UNDERTAKERS 53 Park Ave.

Address, 19 E Monument ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 5 7017 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph R. Hobbs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 617. N. Lombard st

Cause of Death, First, (Primary.) Accident

Second, (Immediate,) Congestion of Brain -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Louden P[illegible]

Date of Burial, May 28-82

Undertaker, Lemley & Mitchell

Place of Business,

J. R. McKnew M. D.,
Medical Attendant.

Address, 582 W Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore

Permit No. 57020

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Hoy Curran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 186 East St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet Fever

Duration of Last Sickness, two days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 28 1882

Undertaker, W P Byrne

Place of Business, Front st

O L Baker *M.D.,*

Medical Attendant.

Address, East St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57021 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Julia Kelleher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 10, McCoy St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritic Scarlet fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 29th 87

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

Geo. Wm. Foyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore. 5

5782 2

Permit No. 68

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Rachor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 19 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Sherwyn Avenue

Cause of Death, First (Primary,) Infantile Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Entire

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 28 1892

Undertaker, Henry Hencke

Place of Business, 219 N. Eutaw St.

Henry Miller M. D.
Medical Attendant.

Address 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57023 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th - 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Westminster -

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 10 *Days,*

Color, White -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Asylum.

Cause of Death, First, (Primary.) Syphilis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 27/82

Undertaker, Patt. Hunt

Place of Business, Fremont and Division

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physi...

Board of Health, City of Baltimore,

Permit No. 57024 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary May —

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 12 *Days,*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Hemmhage —

Duration of Last Sickness, 7 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, May 27/82.

Undertaker, Pat'k Hunt

Place of Business, Dunsend & Dinsin

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. and Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of [illegible]

Permit No. 57625 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurate *and complete*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26/82

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Stanislaus Weber

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.) —

Occupation, ...

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) 97 Thames st.

Cause of Death, First, (Primary.) Infantile Convulsions

Second, (Immediate.) .....

Duration of Last Sickness, 4 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 28th 82

Undertaker, C. France

Place of Business, Bank & Wolf *Address,* 117 S. Broadway

R. M. Mansfield M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Board of Health, City of Ba

Permit No. 57026

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 25 1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 May 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lohteder

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

~~Duration of Residence in the City of Baltimore.~~

Place of Death, { Give street and number. } 24 Holland st

Cause of Death. { First, (Primary.) Apoplexia / Second, (Immediate.) } 1/2 hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 28th 82

Undertaker, G. France

Place of Business, Penk & Wolf *Address,* 57 Light St

C. Hartman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5702 *Office of Registrar of Vital Statistics.* Ward ____

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Baldwin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and now long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 146 S Caroline

Cause of Death, First, (Primary,) Ulceration of Bowels

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 28th 1882

Undertaker, H. Sandu + Son

Place of Business, 252 Canton Ave *Address,* 19 S Broadway

E May *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 57028 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Baldwin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } .....

Age, ... *Years,* 11 *Months,* 2 *Days,*

Color, ...

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State on country, and now long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 146 S Caroline St

Cause of Death, First, (Primary,) Ulceration of Bowels

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial. May 28th 1882

Undertaker, H. Harden & Son

Place of Business, 252 Canton Ave *Address,* 15 & Broadway

E J Ray *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 57029 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Wright.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 369 East Stret

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 28/82

Undertaker, G. W. Perkins & Co

Place of Business, 130 Mauritta St

L. H. L. Wall M. D.,
Medical Attendant.

Address, 49 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57030 *Office of Registrar of Vital Statistics.* Wa

The Physician who attended any person in a last illness, is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27, 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Katherine Meier

Sex, ~~Male~~ *or Female,* (Cross out the word not required in this line.)

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, (Cross out the word not required in this line.)

Occupation, none

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, (Give street and Number.) 12 Calvert Road

Cause of Death, First, (Primary.) Disease of Liver

Second, (Immediate.)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial London Park cemetery

Date of Burial, May 29, 1882

Undertaker, Jno P Paulus

Place of Business, 66 Fred ave

James Buchanan M. D.,
Medical Attendant.

Address, 219 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimor

Permit No. 67031

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, o... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Peare

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 37 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Cigar maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 426 Lexington St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption

Duration of Last Sickness, Dont know Dr only saw him 2 times. ? ?

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sunday May 28

Undertaker, Matthew Cullone

Place of Business, 25 Mulberry St.

W. H. A Kemp M. D.
Medical Attendant.

Address, 55 No Green St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

19 Board of Health, City of Baltimo

Permit No. 57032

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accura out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 May 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Felicity Madden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 831 W. Baltimore City, Md.

Cause of Death, First, (Primary,) old age

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Sunday May 29

Undertaker, Wm. H. Cudlipp

Place of Business, 22 Madison St.

N. M. Littell, M. D.
Medical Attendant.

Address, 380 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health. City of Baltimore

Permit No. 57055 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lucell

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number,} 49 S. Parish Pl

Cause of death, First, (Primary,) Congestion

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, May 28 1882

Undertaker, Wm T Kummel

Place of Business, 317 Mulberry *Address,* 126 Mulberry St

J R S Jordan M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Board of Health, City of Baltimore

Permit No. 57034 *Office of Registrar of Vital Statistics.* Wa

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificat *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTM MAY 28 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Hachtel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Grocer

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany 43

Duration of Residence in the City of Baltimore, about 26 yrs

Place of Death, {Give street and number.} 119 E. Brune St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, Two wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 29th 1882

Undertaker, H. Louis Schaefer

Place of Business, 109 N Fremont

H. F. Hill M. D.,

Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of [illegible]

Permit No. 5703 *Office of Registrar of Vital Statistics.* Wa[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certifi[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPAR[illegible]
MAY 28 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dimalski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 76 Fred ave

Cause of Death, First, (Primary.) Whooping cough

Second, (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 29. 1882

Undertaker, Jno. F. Paulus

Place of Business, 66 Fred ave

James Y. Bosley M. D.,
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57056 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. E. Hall,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 11 *Days.*

Color, B. *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1st Vincent Alley

Cause of Death, First (Primary,) Pneumonia,

Second (Immediate,) Convulsions,

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 28 1882

Undertaker, Wm N Dempsey

Place of Business, No 62 East *Address* 247 Lombard St

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the ...

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STAT...

Permit No. 57057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 27th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel A. Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Four *Years,* Four *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 162 Mosher St

Cause of Death { First, (Primary.) Rheumatism
Second, (Immediate.) Peri-Carditis

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29th 1882

J. Bacon *M. D.*
Medical Attendant.

Undertaker, H C Saifer

Place of Business, 74 E. Baltimore *Address,* Cor Arlington ave & Mosher

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Y PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 57058 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 56 *Years,* .... ~~Months,~~ ~~Days,~~

Color, Colored

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 180 Chestnut st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1882

Undertaker, Theo J Locks

Place of Business, 73 Jefferson st *Address,* 92 Jackson Place

Thomas B. Evans. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57055 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH
MAY 28 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kelleher

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 6 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 1 Wilcox St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Diphtheritic Scarlet fever 12 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, May 28 1882

Undertaker, Geo. Hoch

Place of Business, 29 N. Eutaw

Thos. Wroe Boyle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57040 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Wunderlich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belfast, Ireland

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give street and Number.} # 55 South St.

Cause of Death, First, (Primary,) Carcinoma of Uterus Exhaustion

Second, (Immediate.)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, May 30th

Undertaker, Geo. Schilling

Place of Business, Ash Land Square

Geo A. Clayton M. D., (Medical Attendant.)

Address, 20 - Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 57011 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} No 80 Greenmount Ave

Cause of death, First, (Primary.)

Second, (Immediate,) Softning of brain

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 29th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 57042

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bracht

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

~~Married,~~ ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 252 Montgomery St

Cause of Death, First, (Primary.) —

Second, (Immediate.) Hypertrophy of the heart

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Allegheny Cemetery

Date of Burial, Evergreen June 29.

Undertaker, Columbia Smith 206

Place of Business, Hanover Shell

S. A. Bell M.D.,

~~Medical Attendant.~~ Coroner So Dist.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

67043 Board of Health, City of Baltimore,

Permit No. 2669 11 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 May 27 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Angeline Pilgrim

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Matron at Emanuel Church Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} "Hope" Talbot Co Md

Duration of Residence in the City of Baltimore, Atmore 10 years

Place of Death, {Give street and number.} 266 N. Howard St

Cause of Death, First (Primary,) Gastro-enteritis -

Second (Immediate,) Exhaustion -

Duration of Last Sickness, 5 to 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hope Talbot Co Md

Date of Burial, May 29th 1887

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* 82 Franklin St

Robt Pinkard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore,

Permit No. 57044 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th May 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Gallagher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } asylum of the Little Sisters of the Poor Cor: of John and Valley Sts

Cause of Death, First, (Primary,) General debility

Second, (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Pachville Cemetery

Date of Burial, May 29th 1882

Undertaker, Henry A Matthews

Place of Business,

Wm Brodie Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 57045 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

Date of Death, May 28 day 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Dealey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 243 Howard St.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, R. M. Hall M.D.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 29

Undertaker, Geo. W. Perkins & Co

Place of Business, 130 Henrietta st

C. M. Hall M. D.,
Medical Attendant.

Address, 26 & Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 570416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel C. Kirby

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, in his 79th year *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 57 Franklin St

Cause of Death, First (Primary,) Nervous Prostration

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 30th May 1882

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles

I S Mackenzie M. D.
Medical Attendant.

Address 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore.

Permit No. 57047 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

Date of Death, May 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casey Thomas Weir

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and if how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 239 Bolton St

Cause of Death, First. (Primary.) Scarlet Fever

Second. (Immediate.) do

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, May 29th 1882.

Undertaker, A.W. Jenkins & Son

Place of Business. 75 N. Charles St.

Jas Casey Thomas M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further ordained and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3 / 0 4 1 8 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob McLean

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, N. J.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number.} 1 Mrs Home

Cause of death, {First, (Primary,) Senility

Second, (Immediate,) Paralysis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 29th May 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles

Geo H Caplin M. D.,

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57049 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannora Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married.

Occupation, wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore. Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 8 little 2nd St

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) do

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, may 30th 1882

Undertaker, James O Byrne

Place of Business, No 63 N Front St

G D Dohme M. D., Medical Attendant.

Address, 8 E 2 Fairfield

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of [illegible] 75

Permit No. 57050 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Charles Lee Sears

Sex, Male or Female, (Cross out the word not required in this line.) .....

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) .....

Occupation, Black Smith

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto County

Duration of Residence in the City of Baltimore, 62 years

Place of Death, (Give street and Number.) 15 Pearl St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Senility

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, May 30

Undertaker, Mr Blankston

Place of Business, 414 W Balto St *Address,* .....

C. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57057 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Dible

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 709 West Fayette ss

Cause of Death, First, (Primary.)

Second, (Immediate.) Hydrops Pericardii

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, May 30

Undertaker, Joseph B Cook

Place of Business, 702 W Baltimore *Address,*

D. P. Hoffman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 57052 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R. King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* — *Months.* — *Days.*

Color, W

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 352 N. Carey St.

Cause of death, First, (Primary,) Pneumonia (Croupous) & Malarial fever

Second, (Immediate,) Apnoea

Duration of Last Sickness, Ten days'

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, May 30" 1882

Undertaker, Denny & Mitchell

Place of Business,

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Kues

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, ~~Years~~, 5 *Months,* *Days.*

Color, Mulatto

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

~~*Occupation*~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 313 Hillsanna St

Cause of Death, First, (Primary.) (Not Known) in Consequence of

Second, (Immediate.) Medical attendant, not seeing the case prior to death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 29th 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton ave. *Address,* 22 Jackson Place

Thomas P. Evans M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 570541

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 30
1902
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~George Koehler~~ May 29 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koehler

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 87 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 Lee Street

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Old age & general debility

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County.

Date of Burial, Wednesday May 21.

Undertaker, B. Karle

Place of Business, West st

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57055 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lucas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years.* *Months.* *Days.*

Color, black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, eight years

Place of Death, {Give street and number.} 2055 Dallas st

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) dropsy

Duration of Last Sickness, three months.

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery

Date of Burial, May 28

Undertaker, Wm M Coleman

Place of Business, City Hall

Walter Way M. D.,
Medical Attendant.

Address, 17 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57036 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Plitt

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 176 West st

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Spasms

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 30 82

Undertaker, Henry Brice

Place of Business, Hanover st 81

Ed Duckworth M. D., Medical Attendant.

Address, 166 Druid

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore

Permit No. 57057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 27th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Dubree

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 80 W. Biddle St

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate.) about two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 29 1882

Undertaker, Jno A McCoy & Co

Place of Business, 22 W Lexington St *Address,* 2 Cathedral St

Certified by J. H. Simms — M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5705 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 29
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Scheber

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 0 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, 6 yrs 16 days

Place of Death, {Give street and number} # 7 James Alley

Cause of Death {First, (Primary,) Diphtheria
Second, (Immediate,) Epilepsy

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, May. 29 11

Undertaker, B! Harle

Place of Business, No. 82 West Str

Robert S. Rowe M. D.
Medical Attendant.

Address, 223 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs H. Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Anne Arundle Co

Duration of Residence in the City of Baltimore, Aged Men's Home

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Angina pectoris
Second (Immediate,) Senile Debility}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 30th 1882

Undertaker, H. W. Jenkins Son

Place of Business, 757 N Charles

J. H. Milton M. D.
Medical Attendant.

Address 251 Mad Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 — 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents } Adelaide Henderson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 70 *Years,* 5 *Months,* — *Days.*

Color, W *Sex,* F

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } 344 Eutaw st

Cause of Death, { First (Primary,) Rheumatism / Second (Immediate.) Organic Dis Heart

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30th 1882

Undertaker, H O Jenkins & Son

Place of Business, 58 N Char St

M. D.

Medical Attendant.

Address William Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health. City of Baltimore.

Permit No. 7061 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ball

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* Eleven *Months.* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 121 N. Durham Street

Cause of death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Ch'y

Date of Burial, May 29th 82

Undertaker, G. Frazer

Place of Business, Davis & Walsh Address, No 102 N Broadway

Wm. H. Clendinen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57062 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Bishop.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, *Years,* 5 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 206 Canton Ave

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, May 29th/82

Undertaker, W. Dippel.

Place of Business,

Geo. W. Dunn M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

18 Board of Health, City of Baltimore.

Permit No. 57063

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

Date of Death, 27th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gaughor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 y 3 8 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} Married

Occupation, Brick-Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 29 Year

Place of Death, {Give street and number.} # 312 Howard St.

Cause of Death. First, (Primary.) Asthenic Bronchitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 30

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M. D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15 Board of Health, City of Balt.

Permit No. 57064 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th May 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Worthington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 10 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 81 Welcome alley

Cause of Death, First, (Primary.) Phthesis and Hydrothorax

Second, (Immediate) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29

Undertaker, A Ross

Place of Business, 95 Conway St

T. A. Dyer M.D.,
Medical Attendant.

Address, 146, Hill St
E. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City [illegible]

Permit No. 27064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Westfall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 432 N. Dallas St

Cause of Death {First, (Primary.) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1902

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Rosenberg

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 159 N. Charles St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Asthenia and Asphyxia

Duration of Last Sickness, Probably more than 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loyola St. Cem

Date of Burial, May 29

Undertaker, Stegbart

Place of Business, Park St

S. A. Chew *M. D.*

Medical Attendant.

Address 141 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 57067 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alonuce Caldwell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 *Years,* ... *Months,* ... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, School Girl

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 76. Chesnut al

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 76 Chesnut al

Cause of Death, First, (Primary,) Injury to Skull.

Second, (Immediate.) Concussion Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 29th 1882

Undertaker, Wm. Bishop Jr.

Place of Business, 97 Hillen.

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20 Board of Health, City of Balt.

Permit No. 57068 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Burroughs

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5-5 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, work

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Md~~ Virginia

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} No 7 Upton St

Cause of Death, First, (Primary.) Chronic Periostitis

Second, (Immediate.) Septicaemia

Duration of Last Sickness, Some Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1902

Undertaker, Edward B Shaw

Place of Business, 128 E Monument St

W W Antrim *M.D.,*
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57069 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henson

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk in Store.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 5 Upton St

Cause of death, First, (Primary,) Phthisis Pulmonalis Asthenia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1882

Undertaker, Geo. W. Chase

Place of Business, 125 E. Lanvale

John D. Kind *M. D.,*
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C. H. Harris

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Hotel Waiter

~~Birthplace~~, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 67 Fayette St

Cause of Death, { First (Primary,) Second (Immediate,) } Hemorrhage of the lungs

Duration of Last Sickness, 1½ months

All the above information should be furnished by the Physician.

Place of Burial, Laurel. *J. J. Connelly, M. D.*
Medical Attendant.

Date of Burial, May 29th 1882.

Undertaker, Edward Mason

Place of Business, 13 Hamilton St. Near St. Paul St. *Address* Laurel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Balt.

Permit No. 57071

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McDermott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No. 4 Carey St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet Fever

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 31st

Undertaker, [illegible]

Place of Business, 1 [illegible] 151

C. Jones Williams M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5702 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Esslinger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* 15 *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 165 Eastern Avenue

Cause of death, First, (Primary,) P & Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 29 May

Undertaker, [illegible]

Place of Business, [illegible]

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57073

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kraemer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 63 *Years,* / *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 152½ S. Dallas st.

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetry

Date of Burial, May 29th 1882

Undertaker, L. Ritz

Place of Business, 129½ S. Broadz

P. S. Dausel M.D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57074 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th May 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Walsh.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Six. (6) *Years,* Two. (2) *Months.* *Days,*

Color, White.

~~Married~~ *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Child.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and Number. } 67. Division Street Baltimore

Cause of Death, First, (Primary.) Tuberculous Meningitis.

Second, (Immediate.) Basilar Effusion.

Duration of Last Sickness, about three weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 29 1882

Undertaker, J. F. Byrne

Place of Business, 59. Liberty St. *Address,* 47. Franklin St.

Claude Van Bibber M. D.,
Medical Attendant.

per W C V B

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57675 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Amanda Hartwick

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* - *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and Number. } No. 45 E Eager St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pulmonary Abscess.

Duration of Last Sickness, 8 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial. 10 a m 31st

Undertaker, Geo. E. Stirling

Place of Business, Assay Office

Wm Taylor M. D.,
Medical Attendant.

Address, 162 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57076 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Connor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow.

Occupation, none —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 637 N. Gay St

Cause of Death, { First, (Primary,) Cancer of the womb

Second, (Immediate,) Dr —

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30th

Undertaker, Leo Schilling

Place of Business, Address, 8 E. Fayette St

G. A. Johnson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5707. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Engel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Lee & Eutaw & McElderry St Eld.

Cause of Death, First, (Primary,) Measles 6 D

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, May 30

Undertaker, H. Schuttheis

Place of Business, E. Monument 261

G. G. Lust M. D.,
Medical Attendant.

Address, Balt. & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57078 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meyer Stein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 232 N. Carrollton Ave

Cause of death, First, (Primary,) Tracheal Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cem

Date of Burial, May 30

Undertaker, W. Erlam

Place of Business,

John Neff M. D.,
Medical Attendant.

Address, 204 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 51077 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 01 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Joseph Bennett

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 3 *Years,* 10 *Months,* 27 *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the word not required in this line.)

Occupation, —

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore, 3 Y. 10 M. 27 D.

Place of Death, (Give street and Number.) 44 Chestnut St

Cause of Death, First, (Primary,) Coxalgia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Asbury & Cemetery

Date of Burial, May 30th 1882

Undertaker, Thos J Locke

Place of Business, 103 Jefferson

Edmund Gorsuch M. D., Attending Attendant

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of

Office of Registrar of Vital Statistics

Permit No. 57080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Pontier

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, two *Years,* Six *Months,* *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 116 N. Regests St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 116 N. Register St.

Cause of Death First, (Primary.) Catarrhal Diphtheria

Second, (Immediate,) Epistaxis And Exhaustion

Duration of last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lemel Cemetery

Date of Burial, May 30th 1882

Undertaker, Chas J Locke

Place of Business 73 Jefferson St *Address,*

M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balt.

Permit No. 57081

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Smith

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 82 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Janitor City of Balt

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 82 Years

Place of Death, {Give street and number.} 21 Mercer Street

Cause of Death, First, (Primary.) Chronic Bronchitis & Inflammation

Second, (Immediate.) of Age

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 31st 1882

Undertaker, Mr. Burns

Place of Business, Liberty st

Richard McSherry M.D.,
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/082 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May the 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel James Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 4 Hagers Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Spassum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurl Semetary

Date of Burial, May the 30

Undertaker, Charles White

Place of Business,

Geo. N. Bonsal M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57083

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Brown

Sex, Male or Female, {cross out the word not required in this line.} "

Age, 2 *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} United States

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 325 Eastland Pl

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Pneumonia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 30th

Undertaker, Chas J Lemmon

Place of Business, 271 N Eutaw

Thomas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City

Permit No. 57084 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 of May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Stickklein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 170 S Ann St.

Cause of Death, First, (Primary,)

Second, (Immediate.) Convulsion, and Sickly Bourn

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alvonceius

Date of Burial, May the 30

Undertaker, Trance

Place of Business, cor Wolf & Bank *Address,*

..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57085 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#57085

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

Date of Death. May 29/82

Full Name of Deceased. (Write legibly and spell correctly. If an Infant not named, give names of parents.) Jacob Zuzinski

Sex. Male ~~or Female~~ (Cross out the word not required in this line.)

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married. ~~Single, Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation, Laborer

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, (Give street and Number.) 124. Thames St.

Cause of Death, First, (Primary.) Erysipelas of face

Second, (Immediate.) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Chr.

Date of Burial, May 30th 82

Undertaker, G. France

Place of Business, Bank & Wolfe Address, 117 S. Broadway

R. W. Mansfield M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 57086 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57086

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 5 PM 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } D. W. C. Shock

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 ~~5~~ *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Agent Advertising

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } "American Office" Cor Back & South Sts

Cause of Death, { First, (Primary.) Bright's Disease / Second, (Immediate.) Apoplexy — 3 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, May 31st 1882

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St

Alexander Tinsley M.D.,
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57087 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 3 1882 BALTIMORE

#57087 CERTIFICATE OF DEATH.

Date of Death, May 29 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phebe Jenkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~1 yr~~ 9 *Years,* 4 *Months,* 15 *Days,*

Color, ~~White~~ Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 136 Ramsay

Cause of Death, First, (Primary,) Bright's Disease of Kidney

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loud. McCeneley

Date of Burial, May 31 1882

Undertaker, S. Wilhose

Place of Business, 198 S. Howard St.

Thos. Cordell M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Permit No. 57088

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Young

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 67 S Bethel St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) asthenia

Duration of last Sickness, Nearly one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 3 1882

Undertaker, S. H. Chase

Place of Business, 193 Howard St

13 Z Leonard M. D.
Medical Attendant.

Address, 314 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[ov...]

...J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57089 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Lydia Alexander

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 85 *Years,* 1797 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard county

Duration of Residence in the City of Baltimore, 45 yeas

Place of Death, { Give street and Number. } 25 Harmony Lane.

Cause of Death, First, (Primary,) Valvular disease of Heart.

Second, (Immediate,)

Duration of Last Sickness, After a few hours' illness

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, May 30 1882

Undertaker, William N Dorsey

Place of Business, No 62 East Street

A. H Taylor M. D.,
Medical Attendant.

Address, 523 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Permit No. 5790 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Ce... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 28th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amantia ~~Kurtz~~ Kurtz
Ismael Kurtz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway. 50 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 110 E. Monument St.

Cause of death, First, (Primary,) Paralisis Agens (both Hands)

Second, (Immediate,) Exhaustion & incident to Extreme old age.

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30th 1882

Undertaker, Wm. O'Neale

Place of Business, # 202 N. Eutaw St

Wilmer Jamison M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57091 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Stiles

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 11 *Years,* 8 *Months,* 15 *Days,*

Color, C

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and Number. } 250 Cross St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, May 31st 1882

Undertaker, J Davis

Place of Business, 108 Lee St

Geo. H. Brown M. D.,
Medical Attendant.

Address, Cor of Wood

2671

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5 10 7 2 *Office of Registrar of Vital Statistics.* W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece
if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57092

CERTIFICATE OF DEATH.

Date of Death, May 29 / 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry L. Hook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation, Laundry

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 329 Penna Ave

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemetery

Date of Burial, May 30th 1882

Undertaker, F. Kimmel

Place of Business, 317 Mulberry *Address,* 89 Penna Ave

F. Miller M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57093 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#57093

CERTIFICATE OF DEATH.

Date of Death, May 29, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Lancaster

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 812 W Pratt

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, May 31 1882

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

James Bosley M. D.,
Medical Attendant.

Address, 819 Valley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Permit No. 57094 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leggie Pine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 m o *Years,* *Months,* *Days,*

Color, C

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 18 Little Pine

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 18 Little Pine

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Chr Catarrh

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31 82

Undertaker, [redacted] Hensley

Place of Business 16 Orchard *Address,*

William Lee *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 17096 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Brewster

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Danville Penna.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} Canton Md 162 Hudson St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, May the 31st 1882

Undertaker, H. H. Gibmeyer

Place of Business, 31 Saratoga St.

E. Van Wolf M. D.,
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57096 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57096 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Weiss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 174 Columbia Av

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 31

Undertaker, B. Karle

Place of Business, 42 West Street

Ad Buddenbohm M. D.,
Medical Attendant.

Address, 146 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57097 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Simpson Isabelle & Purnell Simpson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 198 York St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 31st

Undertaker, H. Ross

Place of Business, ...

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Board of Health ~~Register~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57098 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Stein

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 85 Boyd

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.)

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

Edwd. F. Michaelis M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy One *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Indefinite

Place of Death, {Give street and number.} 132 Tyson St.

Cause of Death, First (Primary,) Chronic Bright's Disease

Second (Immediate.)

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, May 31 1882

Undertaker, Theodore G Locks

Place of Business, 7 & 9 Jefferson St *Address* 41 Orchard St

A. M. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavinia B. Walbach.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, forty years

Place of Death, {Give street and number.} 195 Townshend St

Cause of Death, {First (Primary,) / Second (Immediate.)} Debility

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cath. Cemty. F. T. Miles M. D.

Date of Burial, June 1. 1882 Medical Attendant.

Undertaker, Henry W. Jenkins Son *Address* 24 Cathedral St

Place of Business, 755 N. Charles.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57101

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Bekhart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 9 *Months,* - *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Employed at Vogeler's Drug Store

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About — 15 years

Place of Death, {Give street and number.} # 88 Warner St.

Cause of Death, First, (~~Primary~~) Suicide, by Shooting herself

Second, (Immediate.) in the right temple with a Pistol.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Har Sinia Cemetery

Date of Burial, May 31

Undertaker, Wm Eichaue

Place of Business, 101 Gough St

C. H. Bell M.D.,

Medical Attendant

Coroner's Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57102 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy three *Years,* *Months.* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 266 E. Fayette St

Cause of death, First, (Primary.) General Debility

Second, (Immediate,) dropsy

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Harwood Grace

Date of Burial, May 31/82

Undertaker, [illegible]

Place of Business, [illegible] Broadway

Walter Way M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57103 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57103

CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walpurgia Gossman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* Nine (9) *Days,*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 107 Fawn Street

Cause of Death, First, (Primary,) Trismus & Tetanus Neonatorum

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 31 1887

Undertaker, [illegible]

Place of Business, [illegible]

C. W. Bloom M. D., Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Lang

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 68 *Years,* 3 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 199 E. Eager st.

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 1st 1882

Undertaker, Henry Stadler

Place of Business, 220 N. Eutaw

P. H. Dausel M.D.,
Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57105 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

* 57105

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1900 BALTIMORE

Date of Death, May 30 th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Bertie E. Hitcher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 302 Franklin St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31 st

Undertaker, Chas T Sexton

Place of Business, 271 W Eutaw

H. F. Hill M. D.,

Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Richardson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) General Debility

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, June 1882

Undertaker, Mr. A. Dayer

Place of Business, 74 S. Broadway

C. Fawcett M. D.
Medical Attendant.

Address, 92 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 3707 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kramer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 3 *Years,* 2 *Months,* 4 *Days.*

Color, —

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and number.} 135 Lemon Al

Cause of death, First, (Primary,) Pertussis & Pneumonia

Second, (Immediate,) Eclampsia —

Duration of Last Sickness, (about) 10 d/s —

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, June 1 1882

Undertaker, Chas P Conley

Place of Business, 66 Hanover (St) *Address,* 642 W Fayette

C. C. McDowell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57108 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57108

CERTIFICATE OF DEATH.

Date of Death, May 31

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt D. Davis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Baby

Birthplace, { State or country, and how long in the United States, if of foreign birth. } "

Duration of Residence in the City of Baltimore, 1 — 16

Place of Death, { Give street and Number. } 219 Hanover St

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 1st 1880

Undertaker, Armstrong & Canny

Place of Business, 263 Light

A. A. Pelle M. D.,

Medical Attendant.

Address, 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57107 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57109 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Tullen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 74 Lurman alley

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) Dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount

Date of Burial, May 31

Undertaker, B W Chase

Place of Business, 198 S Howard

C B Gamble M.D.,
Medical Attendant.

Address, 59 Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57110

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Heighe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~

Occupation, ~~—~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Chronic Intd Entero Colitis

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 31st

Undertaker, M Coleman

Place of Business,

P. J. Ward M.D.,

Medical Attendant.

Address, 129 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Robinson Colored

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} in rear of 185 N. Exeter St

Cause of Death, {First (Primary,) Apoplexy

{Second (Immediate,) 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery F G. Connolly. *M. D.*

Date of Burial, May 31 ~~Medical Attendant.~~

Undertaker, M Coleman *Address* Coroner

Place of Business, City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5712 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Lotz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 *Years,* 6 *Months,* 17 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 508 W Balt. St

Cause of Death, First, (Primary,)

Second, (Immediate,) Epileptic Convulsions

Duration of Last Sickness, Found dead in bed at 5½ A.M. Had a convulsion yesterday

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 1st 1882

Undertaker, Hoffman Cook

Place of Business, No 707 W Baltimore Street

Alexander Tinsley M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57113 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#57113 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31-1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M. Temple

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Lemon St

Cause of death, First, (Primary.) Membranous croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 8 d's

All the above information should be furnished by the Physician.

Place of Burial, Powhatan md

Date of Burial, June 1st

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 57114 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57114

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Oscar Buchenbaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 W John St

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion from Blood poison

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 31st 82

Undertaker, E. H. Stamer

Place of Business, 202 N Eutaw, *Address,* 23 McCulloh St

6 Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57115 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in *a* last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#57115 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora C Thornton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Information not furnished

Place of Death, {Give street and number.} 231 Ballay Avenue

Cause of death, ~~First~~ (Primary.) Immediate Nasal Hemorrhage

~~Second~~, (~~Immediate~~.) Primary. Purpura Hemorrhagica

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 1

Undertaker, B. Hall

Place of Business, 82 West St,

D Lillestow M. D.,
Medical Attendant.

Address, 154 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5716 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Martinac,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years.* — *Months.* 15 *Days.*

Color, White — Bohemian Descent

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 58. N. Chapel St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 58. N. Chapel St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Laniticon (7 mo. child)

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 1 st. 1882

Undertaker, Ambrose Koehler

Place of Business, 244 E. Lombard St.

A. V. Gosweiler, M. D.,
Medical Attendant.

Address, 253. Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics. Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57117

HEALTH DEPARTMENT JUN 1 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st June 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Gilrath

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 12 years *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Harrison, abt. No 85

Cause of death, First, (Primary,) Disease of the heart

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, June 2 nd

Undertaker, Henry Boiley

Place of Business, Monument St

Fred. Ho Lee *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty-one *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N Gilmour Extended

Cause of Death, {First (Primary,) Old age — Hypertrophy of Prostate Gland; Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Windsor Heights

Date of Burial, June 1st 1882

M. D.
Medical Attendant.

Undertaker, E. M. Leonard & Son *Address*

Place of Business, 182 W. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June pt 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 36 Pleasant St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Oedema

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 2nd 1882

F. E. Chatard M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57120

CERTIFICATE OF DEATH.

Date of Death, May 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Churchman

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Aged Woman's Home

Cause of Death, {First (Primary,) General debility from age & lung trouble.

{Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1st 1882

Undertaker, Hollenbeck Higgins

Place of Business, 58 W. Chas St

A. Winston M. D.
Medical Attendant.

Address 254 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5712 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 5712

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months.* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 3 & Years

Place of Death, {Give street and number.} 9 E. Stricker

Cause of death, First, (Primary,) Pneumonia.

Second, (Immediate,) Uraemic Condition of Brain

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 2nd 1882

Undertaker, Jos B Cook

Place of Business, No 707 W. Baltimore Street

John Neff M. D.,
Medical Attendant.

Address, 507 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 2 4 4 2 — Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

\# 57122

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Child of Sara P. & Elsie G. Rieth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 1/2 hour ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 1/2 hour

Place of Death, { Give street and number. } 97 St. Paul St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Cyanosis 1/2 hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Balto Cem

Date of Burial, June 1st

Undertaker, McColeman

Place of Business,

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57123 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 1 1892 BALTIMORE.

* 57123

CERTIFICATE OF DEATH.

Date of Death, 31st May 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Everhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 74 Bailey av

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Balt. [redacted]

Date of Burial, June 3 92

Undertaker, Armstrong Bros

Place of Business, No 263 High st

J. W. Welch M. D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1882 BALTIMORE

*57124

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Five *Years,* Five *Months,* 28 *Days,*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 137 Hill St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diph. Croup (Asphyxia)

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel 82

Date of Burial, June 2nd

Undertaker, Whitacre

Place of Business, [illegible] *Address,* 1705 Sharp St

Wm. Goodlee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5[illegible] Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57125

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, May 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Haberlander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,)

Second, (Immediate,) Fracture of Skull

Duration of Last Sickness, 1 hour and 50 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'ty

Date of Burial, June 2 1882

Undertaker, A. Rosenberger

Place of Business, 70 Hanlbert st

Alexander Fowler M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57126 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

*57126 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gorman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ~~*Months,*~~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washing.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 32 New Church St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Friday June 2nd 1882

Undertaker, Conrad Hunter

Place of Business, 66 Park ave.

[illegible] M.D.,
Medical Attendant.

Address, 75 Frankfort

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57127 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57127

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 2 ~~7~~ *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Schenectady N.Y.

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 116 Hanover st

Cause of death, First, (Primary.) Senility

Second, (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk. Cemetery

Date of Burial, June 2nd

Undertaker, H. N. Towle

Place of Business, 121 Hanover st

H W McKlup M.D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57128 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57128

CERTIFICATE OF DEATH.

Date of Death, May 31

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhoda Grady

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 36 *Years,* *Months,* *Days,*

Color, White-

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and Number. } 818 W Pratt st

Cause of Death, First, (Primary,)

Second, (Immediate.) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 1st

Undertaker, J B Cook.

Place of Business,

Geo. N. Benson M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Form No.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

"57129

CERTIFICATE OF DEATH.

Date of Death. May 31 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarthe Baldhauer

Sex. ~~Male~~ or Female, {Cross out the word not required in this line.}

Age. 69 *Years.* 5 *Months.* *Days.*

Color. White

~~Married, Single~~, Widow ~~or Widower~~. {Cross out the word not required in this line.}

Occupation.

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death. {Give street and Number.} 66 h. Chapel

Cause of Death. First, (Primary.) Old age

Second, (Immediate.) Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, June 2 1882

Undertaker, John Henning

Place of Business, 352 Orleans St *Address,* 245 S. Howard

J Kettlewell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 27120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 82.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Kautz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 4 *Months,* 18 *Days.*

Color, White *Sex,* male.

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Miller.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 33 in U. S.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and number.} S. Regester str. N 3

Cause of Death, {First (Primary,) Asthma.
{Second (Immediate,)

Duration of Last Sickness, About a year.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery.

Date of Burial, June 3rd 1882. Martin Lek. *M. D.*
Medical Attendant.

Undertaker, John L Sibuch

Place of Business, 265 Alice Ann. ~~St~~ Address 75 S. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 5713 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5713

CERTIFICATE OF DEATH.

Date of Death, June 1/82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Kline

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 1 Marshall St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 2/82

Undertaker, B Hanle

Place of Business, West

Geo. H. Dixon M. D.,
Medical Attendant.

Address Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Geo. E. Brown Inspector

Permit No. 57132 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#57132

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGlachin (McLaughlin)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 51 Ring St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 51 Ring St

Cause of death, First, (Primary,) Malonal Hydrocephalus

Second, (Immediate,) Cerebro spinal Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 2d 1882

Undertaker, John Thacher

Place of Business, Pacas Corner

W. H. Grove M. D.,
Medical Attendant.

Address, 151 Ridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57133

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st. 1882.

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Jas T. O'Day

~~*Sex.*~~ *Male or* ~~*Female*~~, (Cross out the word not required in this line.)

Age, 26 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, (Cross out the word not required in this line.)

Occupation, Junk Dealer.

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give street and Number.) City Hospital

Cause of Death, First, (Primary,) Bright's Dis & Phthisis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, ~~May~~ June 1

Undertaker, McColeman

Place of Business,

E. Van Wyck *M. D.,*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57134

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

Date of Death, May 31. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Schaeffer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Retired Wood merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 2211 N. Dallas st.

Cause of Death, First, (Primary,) Chronic Erysipelas, Herpes Zoster & Senility

Second, (Immediate,) Apoplexy (cerebral)

Duration of Last Sickness, 12 or 13 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, June 2, 1882

Undertaker, Henry Keech

Place of Business, 329 Central Ave *Address,* 305 N. Caroline st.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7 7 5 3 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57135

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

Date of Death, May 31st 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Annie Hommelbaker

~~*Sex, Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, 39 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ (Cross out the word not required in this line.)

Occupation, Keeping House

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, (Give street and Number.) 110 Washington Ave

Cause of Death, First, (Primary,) Septicaemia

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, June 2d 1882

Undertaker, John S Mackie

Place of Business, 1C 150 Eastern Av

T. B. Hall M. D.,

Medical Attendant.

Address, St Denis Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57136 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57136

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1892 BALTIMORE

Date of Death, June 2na

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie d Joseph Siegel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 5 hrs *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1645 Carolina St.

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Har: Sonnai

Date of Burial, June 2nd

Undertaker, Mr Goldsmith

Place of Business,

Jno. N. Dawson M. D.,
Medical Attendant.

Address, Com of Health.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Henry M Rewer Sanitary inspector

Permit No. 57137

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christoph Koserman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 30 y

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 6 Naw St

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive County

Date of Burial, June 4 1882

Undertaker, Philip J. Dill

Place of Business, 183 Columbia St

M. D. Haupt M.D.,

Medical Attendant.

Address, Wolfe & Mulberry Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57138 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pazourek

Sex, Male or ~~Female~~: {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 41 Abbot St

Cause of Death, First, (Primary.) Mitral Insufficiency

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 14 1882

Undertaker, Henry Hook

Place of Business, 369 W. Centre St

E. Geo. Walls M.D.,
Medical Attendant.

Address, 41 N. Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Cooper

Sex, Male or Female, {cross out the word not required in this line.} Femal

Age, 8 *Years,* 7 *Months,* 25 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Singe

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 122 N. Dallas St

Cause of Death { First, (Primary,) Diphtheria.
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1882

Undertaker, Thos J Locke

Place of Business, 75 Jefferson

Jno. T. Bates M. D.
Medical Attendant.

Address, 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Browne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, Darke

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 28 Elbow Lane

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 3

{*Undertaker,* Hercules Ross

Place of Business, 95 Conway St.

Chas. M. Fuller *M. D.*
Medical Attendant.

Address 160 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5711-11 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Voelkel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Employed Gail & Ax. Tobacco factory

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number.} ~~the~~ 28 Barre St Gail & Ax Tobacco factory

Cause of Death, First, (Primary.) Accidentally caught in Machinery

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel.

Date of Burial, June 3d 1882. Jos. T. Bell M.D.,

Undertaker, H. W. Jenkins ~~Medical Attendant~~ Coroner 2d Dist

Place of Business, 75 N. Charles. *Address,* 141 E. Shaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57142 — Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

\# 57142

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* 26 *Days.*

Color.

Married, ~~Single~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 618 W. Lombard St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, June 4' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

John Neff M. D.,
Medical Attendant.

Address, 303 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Permit No. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57143

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1892 BALTIMORE

Date of Death, June 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Launcelot Warfield

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 81 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Three years,

Place of Death, {Give street and Number.} No. 87 St. Paul St

Cause of Death, First, (Primary,) Apoplexy (Nervous)

Second, (Immediate.)

Duration of Last Sickness, Several Months,

All the above information should be furnished by the Physician.

Place of Burial Anne Arundel Co. Md.

Date of Burial, June 4th

Undertaker, F. N. Ford

Place of Business. # 131 Hanover St *Address,* [illegible]

Wm Mines M. D.,

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57144

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1892 BALTIMORE

Date of Death, May 31st 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hopkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black

~~Married~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 St James St

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 2nd 1892

Undertaker, Geo. W. Perkins Jr

Place of Business, 130 Henrietta St

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 57145 Office of Registrar of Vital Statistics. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

"57145

CERTIFICATE OF DEATH.

Date of Death, ~~20~~ June 1st, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edw. Jenkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 2 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chas. Co. Md.

Duration of Residence in the City of Baltimore, Seventeen yrs.

Place of Death, {Give street and Number.} 209 Gough St.

Cause of Death, First, (Primary,) Hydrothis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, June 4. 1882

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

C. Harrold Lusk M. D., Medical Attendant.

Address, 1 Balt. & Pine Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57146 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June the 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wm Minick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Saratoga

Cause of Death, First, (Primary.) ~~Spasms~~ Sickness

Second, (Immediate.) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alfonsius Cemt

Date of Burial, 2d of June

Undertaker, John Mrs Jordan

Place of Business, Park ave

Geo. W. Dunson M.D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#57147

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rost

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Belair avenue (Near Aisquith)

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumptum

Duration of Last Sickness, Two years

* All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial. June 4/82

Undertaker, Davis Bartlett

Place of Business, 624 W. Balt St

Nicholas [illegible] M. D., Medical Attendant.

Address, 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57148

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1882

Full Name of Deceased. (Write legibly and spell correctly. If an Infant not named, give names of parents.) Anna C. Kane

Sex, ~~Male~~ or *Female,* (Cross out the word not required in this line.)

Age, 100 ~~years~~ *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ (Cross out the word not required in this line.)

Occupation, Lady

Birthplace, (State or country and how long in the United States, if of foreign birth.) Baltimore City always

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) University Hospital

Cause of Death, First, (Primary,) Bright's disease and

Second, (Immediate,) organic heart disease dropsy

Duration of Last Sickness, two months

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 3d 1882

Undertaker, Henry McJenkins Son

Place of Business, 75 E. Charles.

F. West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A. Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 476 E. Chase St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, June 3rd 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57150 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57150 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Erickson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Employed at D. Carters Lime Kilns Locust Point

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England — 2 Years —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} D. Carters, Lime Kilns Locust Point

Cause of Death, First, (Primary.) Paralysis. Lower Extremities

Second, (Immediate.) Paralysis General Cause Exposure

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, June 1st 1882

Undertaker. Fred A. Gardner

Place of Business, 450 Carrollton Ave

D. A. Bell M.D.,
Medical Attendant.

Coroners Disp

Address, 161 Dis

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 81 Elbow Lane

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem

Date of Burial, 1 Boy June 1st

Undertaker, F A Kerchner

Place of Business, Cy Hall

F Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57152 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57152

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 2d 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Wright.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 23 *Days,*

Color, White —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Asylum.

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Marasmus —

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, June 3d 1882.

Undertaker, Pat. Hunt.

Place of Business, Fremont and Druid Hill Ave.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A 57153

CERTIFICATE OF DEATH.

Date of Death, June 2 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hubert Day

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Left City & returned One month ago.

Place of Death, {Give street and Number.} 412 E Madison St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, June 3 1882

Undertaker, Wm. Rockman.

Place of Business, 234 E. Gay St. *Address,* 95 Park Ave

George A. Rohé M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57154 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57154

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Eccleston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, —— *Years,* 4 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 104 S. Broadway

Cause of Death, { First, (Primary,) Enteritis

{ Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 4th

Undertaker, J. Funk

Place of Business, 24 S. Wolf St. *Address,* 186 Aisquith St.

H. K. Reynolds M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

Permit No. 57155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bradley

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 251 N. Eutaw st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Pneumonia in Lungs

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 3rd 1882

Undertaker, H W Jenkins & Son

Place of Business, 75 W Charles St

O. L. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57156 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57156

CERTIFICATE OF DEATH.

JUN 3 1882 BALTIMORE

Date of Death, June 2d 1882 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane M Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days,*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 84 N. Chas St

Cause of Death, First, (Primary,) Leucocythemia -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 3d 1882

Undertaker, D. Lewis Schaefer

Place of Business, 109 N. Fremont

Gustav Baer M. D., Medical Attendant.

Address, 44 Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emory R Gard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Inventor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Springfield Ohio

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 96 Fawn dale st

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) Dropsy

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 4th 1882

Undertaker, Thos. J Keighler

Place of Business, 1606 E Baltimore St *Address* 1735 Madison Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Osborn Bowley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 3 *Months,* —— *Days.*

Color, Bright

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 61 Davis St

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4. 1882

{*Undertaker,* Wm. Madden

{*Place of Business,* 46 East Pratt

Thos. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5 1157 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 4 1892 BALTIMORE

+ 57157

CERTIFICATE OF DEATH.

Date of Death, June 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Moses Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 hrs *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 44 Shields Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 3rd.

Undertaker, Walter Emmel

Place of Business, 313 W Baltimore

Address, Com. of Health

Medical Attendant. M. D.,

Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

PERMIT NO. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

"37160

CERTIFICATE OF DEATH.

JUN 3 1882 BALTIMORE

Date of Death, June 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Kenney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 22 Neighbor St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 2d 1882

Undertaker, James P Byrne

Place of Business, No 68 N Front St

Thos Fenwick Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

No. 57161

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bankhead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and Number.} 27 north Fremont st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, June 4th 82

Undertaker, J. Blackistone

Place of Business. 661 Fremont st *Address.*

D. P. Hoffmaier M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57162

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Savage

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 48 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No. 116 Pratt St

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,) ——

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick

Date of Burial, June 3d 1882

Undertaker, Jas F Byrne

Place of Business, Furnish

Thomas Shearer M. D.
Medical Attendant.

Address, No 97 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57163

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonidas Myers Mapness

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 2 3 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 74 N Hupt St

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pulmonary Catarrh

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 3rd 1882

Undertaker, Jas C Byrne

Place of Business, 63 Front *Address,* 11 S Hupt St

A Lyell Shortzer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph D Homer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* 3 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Doctor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} Mrs D Homer, Physician 21 Broadway

Cause of Death First, (Primary,) Morbus Brightii

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Int Loomis Cemetery

Date of Burial, June 4th 1882

Undertaker, Denny & Mitchell

Place of Business, 66 & Broadway

F. H. Gunn M. D.
Medical Attendant.

Address, Mrs D Homer 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#57165

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1892 BALTIMORE

Date of Death, June 2nd. 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Howard Gelman

Sex, Male or Female, (Cross out the word not required in this line.) Male

Age, 4 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) X X X

Occupation, X X

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, (Give street and Number.) 210 E. Pratt St.

Cause of Death, First. (Primary,) Scarlatina Anginosa

Second. (Immediate,) Eclampsia

Duration of Last Sickness, Since May 13.

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cem

Date of Burial, June 4th 1882

Undertaker, Dennis & Mc Tobin

Place of Business, 65 S Broadway

James E Donlin M. D.,
Medical Attendant.

Address, 99 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1892 BALTIMORE

57166

CERTIFICATE OF DEATH.

Date of Death, June 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Norma C Hayman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 4 *Days,*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B Co Md

Duration of Residence in the City of Baltimore, 4 4 4

Place of Death, {Give street and Number.} C & Scott mans alley

Cause of Death, First, (Primary,) Gastro enteritis

Second, (Immediate,) Convulsion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4

Undertaker, H Ross

Place of Business, 95 Lombard St

P. M. Ellis M. D.,
Medical Attendant.

Address, 312 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37167 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57167

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Gaunt

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~ ~~Widower~~ ~~Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} 76. Wilcom alley

Cause of Death, First, (Primary.) Inflamation of Stomach

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 3

Undertaker, H Ross

Place of Business, 95 Conway St

E. M. Bolt, *M.D.,*
Medical Attendant.

Address, 160 Sharp St,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57168 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57168

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd, '82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Stadloff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 14 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 87 Mulberry St.

Cause of Death, First, (Primary.) Laryngeal Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, June 3rd 1882

Undertaker, STEWART & MOWEN, UNDERTAKERS, 55 Park Ave.

Place of Business,

Wm B. Rider, M.D.,
Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE

57169

CERTIFICATE OF DEATH.

Date of Death, June. 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John N. Saunders.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 41 yrs.

Place of Death, { Give street and Number. } 425 Hanbury, St.

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Alcoholism

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 4/882

Undertaker, Armstrong & Denny

Place of Business, 263 Saight

P. J. H. Tall, M. D., Medical Attendant.

Address, 152 Sharp, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57170 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57170

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 4 1882 REGISTRAR'S DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. Killender

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Camden Station B. & O. R. R. Dept

Cause of Death, First, (Primary.) Sea Sickness,

Second, (Immediate.) Gastro Enteritis.

Duration of Last Sickness, 10 in 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 4th 1882

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

T. A. Bell M.D.,
Medical ~~Attendant~~.

Coroner's Office

Address, 101 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

45771

CERTIFICATE OF DEATH.

JUN 3 1882 BALTIMORE

Date of Death, June 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallace W Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 104 Barre

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, H. Marys Cty

Date of Burial, June 4th 1882

Undertaker, John S Thacher,

Place of Business, No 150 Camden St

H W Webb M. D.,
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A 57172

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Jordan alley

Cause of death, First, (Primary,) meroeis of spine

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, June 4 1882

Undertaker, W. J Gibson

Place of Business, 65 Milliard St. *Address,* 129 W Baltimore

G Lane Taneyhill *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57173

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 1st 1882. So reports

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kilroe. So reports

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} " "

Age, 38 *Years.* *Months,* " " *Days.*

Color, White " "

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} " "

Occupation, Cow Maker " "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland " "

Duration of Residence in the City of Baltimore, 28 years " "

Place of Death, {Give street and number.} 140 N. High " "

Cause of death, First, (Primary,) Said to have been Consumption

Second, (Immediate,) Exhaustion " "

Duration of Last Sickness, 2 or 3 years " "

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, June 4th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address.* Calvert Monument

Geo. W. Lyndsey M. D.,
Medical Attendant.

Samuel Kilroe attends Some members of the Family at the Funeral

The Death of said Thomas Kilroe was known to Deponent

Thomas Kilroe was born in Ireland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57174 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A. Sumner

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St Marys Co Md 17 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 58 Warren Ave

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 4 1882

Undertaker, Bowsting & Denny

Place of Business, 263 Light St

H. B. Jobb M.D.,
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, within ... hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

* 57175

CERTIFICATE OF DEATH.

Date of Death, June 2 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Bosley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~16~~ *Years,* 16 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} #25 O'Donnell St Canton

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, June 4 1882

Undertaker, James D Byrne

Place of Business, No 63 N Front *Address,* # 373 E Baltimore St

E. P. Byrne M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

* 57176 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday, June 2nd. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. McDermot

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 49 Greenmount Ave.

Cause of death, First, (Primary,) A Burn involving nearly one half of the Cutaneous Surface

Second, (Immediate,) Shock and Exhaustion

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 3rd "/882

Undertaker, Wm. H. Cochran

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.,
Medical Attendant.

Address, 28½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 3 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

4 57177

Date of Death, June 1st 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Ida Louisa Schultz

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 7 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country and how long in the United States, if of foreign birth.) Balto. City Md.

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) No. 169 N. Caroline St.

Cause of Death First, (Primary.) Scarlatina Malig

Second, (Immediate.)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, June 4 1882

Undertaker, Julius Hauck.

Place of Business, 240 E. Bond St. *Address,* 105 N. Central Ave

Francis A. Sauer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57178

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 4 1892 BALTIMORE

Date of Death, June 2nd 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inna Roehlitz

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* a few *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and number.} No 245 N Bond St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Phthesis (Exhaustion)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, June 4th 1892

Undertaker, Adam Fink

Place of Business, 161 N Gay St

F Ridgely Bond M. D.,
Medical Attendant.

Address, 111 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*37179

HEALTH DEPARTMENT JUN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Scribner (Mother)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 hours *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 3 Amity Court

Duration of Residence in the City of Baltimore, 3 hours

Place of Death, { Give street and Number. } 3 Amity Court

Cause of Death, { First, (Primary.) Worth & on part of mother

Second, (Immediate,) Debility

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, West Dublin Cemetery

Date of Burial, W June 3rd 1882

Undertaker, Fred A Scribner

Place of Business, #50 S. Carroll Ave Address,

Alexander Kirkley M. D.
Medical Attendant.

Amity

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#57180

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 4 1882 BALTIMORE

Date of Death, May 31st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgiana Harp

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co. Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and Number. } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Fowlers Park

Date of Burial, Jun 3

Undertaker, C. W. Bligh

Place of Business, 198 Aisquith *Address,* .....

C. T. Bryan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

* 57181

CERTIFICATE OF DEATH.

Date of Death, June 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Gance

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 46 Moores al

Cause of death, First, (Primary.) Bronchol Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4 th

Undertaker, Hutton Lepley

Place of Business, 17 S Paca St

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57182 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57182 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Anderson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* Fifteen. *Days.*

Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Harford Avenue

Cause of Death, First, (Primary.) Scrofula Cons—
Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June. 4. 1882

Undertaker, Charles. A. White

Place of Business, 35. Granby. St.

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57183 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

* 57183 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, January 2nd 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucia Bayma

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 2 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 419 Portland St

Cause of Death, First, (Primary.) Cerebral Congestion

Second, (Immediate.)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 3rd 1882

Undertaker, Jno J Gray

Place of Business, 65 Mulberry St

J G Woodall *M.D.,*
Medical Attendant.

Address, 215 W Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57184

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Rittershoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and Number.} 153 E. Lombard St

Cause of Death, First, (Primary.) Dysenteric Diarrhoea resulting into

Second, (Immediate.) General Dropsy — Dyspepsia + Anaemia about 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 5. 1882

Undertaker, John Hennig.

Place of Business, 382 Orleans St *Address,* 86 E Fayette St

M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#57185

CERTIFICATE OF DEATH.

Date of Death, June 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Homberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 369 Orleans st.

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cemetery

Date of Burial, June 4 1882

Undertaker, John Heneich

Place of Business, 382 Orleans St

J. Helleberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57186

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE MD.

Date of Death, June 3rd 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Emma Berkmeyer

Sex, Male or Female, (Cross out the word not required in this line.) female

Age, ... *Years,* 6 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Single

Occupation, ...

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balt

Duration of Residence in the City of Baltimore, life time

Place of Death, (Give street and Number.) 42 Harrison st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemetery

Date of Burial, June 1882

Undertaker, James S Byrne

Place of Business, No 63 N Front *Address,* 1412 E Eutaw

Dr Sluett *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

"57187

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella Seward

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* ~~Days,~~

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 201 Hanover st

Cause of Death, First, (Primary,) Diphtheria —

Second, (Immediate,) — Croup

Duration of Last Sickness, 24 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laudun. Pk. Cemetery

Date of Burial, June 4th

Undertaker, F. N. Toll

Place of Business, #131 Hanover

Thomas B. Evans, M. D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57188 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57188 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wagner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 23 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 West Pr

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.) Congestion of Lung

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 4th

Undertaker, Hy Boite

Place of Business, 81 Henrietta *Address,* 164 Hanover St

Geo. H. Benson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5718[illegible]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN [illegible] 1888 BALTIMORE

57189

CERTIFICATE OF DEATH.

Date of Death, June 4th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Annie Lang

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single.~~ Widow ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 2 of Abbott St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senile decay

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cem[illegible]

Date of Burial, June 5th 1888

Undertaker, A. Fink

Place of Business, —

~~Medical Attendant.~~ M.D.,

Address, Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57190 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57190

CERTIFICATE OF DEATH.

Date of Death, June 2, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Olivia Gilman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 5 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ~~Hampton~~ Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 116 Jackson St

Cause of Death, { First, (Primary,) Phthisis / Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 5th

Undertaker, Same Chase

Place of Business, 191 St Howard *Address,* 246 Hanover

Theodore Dorsey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sadler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 — *Years,* ... *Months,* ... *Days,*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Centreville, Queen Anns Co. Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} No 105 Welcome alley

Cause of Death { First, (Primary,) ... Second, (Immediate,) General decay & Sunstriction

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 5 1882

Undertaker, Saml Chase

Place of Business, 198 E Howard

W. C. Sudrock M. D.
Medical Attendant.

Address, 229 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

"57192

CERTIFICATE OF DEATH.

Date of Death, June 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Chipman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Barnstable Mass

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 88 E. Baltimore St.

Cause of death, First, (Primary,) Angina pectoris

Second, (Immediate,)

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cy

Date of Cem. June 6th 1882

Undertaker, STEWART & POWER, UNDERTAKERS, 36 Park Ave.

Place of Business,

Charles H. Thomas M. D., Medical Attendant.

Address, 66 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

#57193

Date of Death, June 3d, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Kuminski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and Number.} #90 Block St.

Cause of Death, First, (Primary,) Scarlatina (Malignant)

Second, (Immediate,) .....

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem.

Date of Burial, June 4th

Undertaker, H. Tippet

Place of Business, 1 Bond St. E.

John H. Rehburger M. D.,
Medical Attendant.

Address, #243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57194 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Date of Death, June the 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Selby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Cold

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 46 Vine Street

Cause of Death. First, (Primary.) Comptsumtion

Second, (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt,

Date of Burial, June the 5th

Undertaker, W. F Gray

Place of Business,

Geo. W. Benson M.D.,

Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57195

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1902 BALTIMORE

Date of Death, June 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Egan

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 67 *Years.* *Months.* *Days.*

Color. W

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland — 40 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 702 S. Charles St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 5th

Undertaker, C J Krause

Place of Business,

D Dillehunt M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Ward.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57196

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

Date of Death, June 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Forks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rochester N. Y.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 159 Lee st

Cause of Death, { First, (Primary,) Heart disease
Second, (Immediate,) ~~Coma~~ Effusion of Water

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 4/82

Undertaker Armstrong & Denny

Place of Business, 263 Light

Address, 146 Hanover st

My Thornton Cota M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

\# 57197

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 3rd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Desar

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Five (5) *Years,* Nine (9) *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 299 N Durham Street

Cause of Death, First, (Primary,) Morbilli, Acute Cerebral Congestion

Second, (Immediate,) Anhemia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial. Greenmount Cem

Date of Burial. June 5 1882

Undertaker, Henry Roads

Place of Business, 307 N Eutaw St

S. W. Shorb M. D.,
Medical Attendant.

Address, 8 E Eager Carolina Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

#57198

Date of Death, June 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moylan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months.* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 148 N. Calvert

Cause of death, First, (Primary,) [redacted] (Chronic Nephritis)

Second, (Immediate,) Convulsions,

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch

Date of Burial, June 5th 1882

Undertaker, Henry Hoede,

Place of Business, 216 N Eutaw St

Geo. B. Lynch M. D.,
Medical Attendant.

Address, Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57199

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen B. Chew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 522 Druid Hill Ave.

Cause of Death, First, (Primary.) Cardiac Valvular Insufficiency

Second, (Immediate.) Apthoxia

Duration of Last Sickness, About 3 yrs. & 7 mos.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, June 8th 1882

Undertaker, Wm. J. Stokner

Place of Business, 136 Camden

Eldridge C. Price M. D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#57200

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1882 BALTIMORE

Date of Death, June 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 11 Jefferson St (extended)

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 5th

Undertaker, John Feuth

Place of Business, 24 S. Wolf

Walter Way M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57201

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

*57201

CERTIFICATE OF DEATH.

Date of Death, June 4 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Frances Chenowith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 25 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 200 N. Fremont St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial, June 6th 1882

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw

J. W. C. Cuddy. M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel H. Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 9 *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caulker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 45 Years & 9 Months

Place of Death, {Give street and number.} Bethel church, on Saratoga St

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) two years -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1882

Undertaker, Theo Pocock

Place of Business, 713 Fifteen St

T. G. Connolly M. D.

~~Medical Attendant.~~

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57203

CERTIFICATE OF DEATH.

JUN 3 1882 BALTIMORE

Date of Death, June 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia M. Lowndes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 7 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hagerstown

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} No 92 N. Schroeder st

Cause of Death, First, (Primary,) Cancer of Right Breast

Second, (Immediate,) Stomach & Liver

Duration of Last Sickness, Nine weeks complaining about 2 years

All the above information should be furnished by the Physician.

Place of Burial Green Mount cemetery

Date of Burial, June 6th 1882

Undertaker, Jos S. Cook

Place of Business, No 707 W. Baltimore street } *Address,*

, Dilthicum M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 14201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57204

CERTIFICATE OF DEATH.

Date of Death, 11th of June 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hilary Ellen Elizabeth Waters

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} 100 Booth St

Cause of Death { First, (Primary.) Heart disease
Second, (Immediate,) Sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, June 5' 1882

{ *Undertaker,* J. B. Cook
Place of Business, 707 W. Balto St.

F. T. Bowen M. D.
Medical Attendant.

Address, 187 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

*57205

CERTIFICATE OF DEATH.

Date of Death, June 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Marley

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 8 *Years,* *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 25 S. Schroeder St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Eleven months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June. 6th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

John Neff M. D.,
Medical Attendant.

Address, 204 Lanvelton Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57206

CERTIFICATE OF DEATH.

Date of Death, June 4 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary R. Feltman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 57 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Carolina Co. Va.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 52 Cumberland St.

Cause of Death { First, (Primary.) Pleuro Pneumonia

{ Second, (Immediate.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 6th 1892

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St.

G. W. Harris M. D.
Medical Attendant.

Address, Co. Stucky & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57207

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Date of Death, June 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Bamschka

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line}

Age, ... *Years.* 5 *Months,* 19 *Days.*

Color. W.

~~*Married.*~~ *Single.* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 180 Warner St

Cause of death, First, (Primary,) Enteric Irritation

Second, (Immediate,) Convulsions

Duration of Last Sickness, — dying when seen by me

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 5th 1882

Undertaker, P. Harwald

Place of Business, 35 S Eutaw St

S Duncan M. D.,
Medical Attendant.

Address, 154 Hark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57208

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Date of Death, June 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Pyle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Ship joiner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 18 N Chester St

Cause of Death,
First, (Primary,) Ossification of Mitral valve of heart
Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, Immediate

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 7, 1882

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

W. H. Saunders M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57209

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Date of Death. June 3. 1882

Full Name of Deceased. { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elliott O'Donnell Poor

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color. White

Married, ~~Single~~ ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation. —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 23. Canollton ave

Cause of Death, First, (Primary.) Vertigo

Second, (Immediate,) Fract. & Kneecap Fracture Compression

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 6th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St. *Address,* Corner

Alexander Tinsley M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Physician who attended any person in his last sickness, or the Coroner, when the case comes under his notice, is required to furnish a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children, to be delivered to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57210

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 3 1882 BALTIMORE

Date of Death, June 3 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lockerman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Colored

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 11 L. Pine St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial G.A.Co. Salem

Date of Burial, June 6, 82

Undertaker, Abt Hemsley

Place of Business 116 Orchard St *Address,* 8 N Green St

H. Mellus M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5721 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A. Frames

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number.} 284 Green Mount St

Cause of Death, First (Primary,) Pistol shott wound on the

Second (Immediate,) Brain 4 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. H. Connolly M. D.

Medical Attendant

Date of Burial, June 6th 1882. Coroner

Undertaker, Wm. H. Hickman *Address*

Place of Business, 234 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57212

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Date of Death, June 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Horn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } N= 48 Dover st

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6th 1882

Undertaker, S. Leimbach

Place of Business, 389 W. Balto

C. L. Cullenbine M. D.,

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Permit No. 57213 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1892 BALTIMORE

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Conrad Hooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

HEALTH DEPARTMENT JUN 5 1892 BALTIMORE

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} 89 Eastern Ave

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.) "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1892

Undertaker, Henson & Leptien

Place of Business, 17 Druid Hill Ave

W H Atkinson M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 372141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

* 57214

CERTIFICATE OF DEATH.

Date of Death, June 4, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie O. Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White *Sex,*

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 94 Myrtle ave

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Septic Anemia

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 6th 1882

Undertaker, L. Lewis Schaefer

Place of Business, 109 N Fremont

W. T. Howard M. D. Medical Attendant.

Address 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57215

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1892 BALTIMORE

Date of Death, June 5th 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George C. Thomas

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 928 Penna Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) Apoplexy

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, June 8

{ *Undertaker,* J. H. Chalmers
{ *Place of Business,* 341 Penn Ave

H. H. Miller, M. D.,
Medical Attendant.

Address, 87 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57216 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#57216

CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 5 1882 BALTIMORE

Date of Death, June 5. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* .... 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 88 Hill St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7.

Undertaker, Ernst Gehlmann

Place of Business, 200 Sharp St

W S Booze M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57217 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57217 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, June 4th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Kalbaugh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 4n 275 Hanover

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 6th 1882

I G Ward M.D.,
Medical Attendant.

Undertaker, Dieterich Wiegand

Place of Business, 166 Druid Hill Ave *Address,* 205 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

57218

Date of Death, June 5 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Younger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 20 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 656 South Broadway

Cause of Death, First, (Primary.) ~~Typhoid~~ Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 7

Undertaker, B. Hall

Place of Business, 82 West St.

Address, [illegible]

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 6 1882 BALTIMORE

57219

CERTIFICATE OF DEATH.

Date of Death, Monday June 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Byard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 4 Courtleet St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 4 Courtleet St

Cause of death, First, (Primary,) Primary birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Mrs Sullens attendant at birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 6/82

Undertaker, Fry & Son

Place of Business, 47 W Broadway

J. E. Pickard M. D.,
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

*57220

HEALTH DEPARTMENT JUN 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Fagan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* One (1) *Months,* Seven (7) *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~~

Occupation, ~~~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } No 6 Abbott St

Cause of Death, First, (Primary,) Pneumonia & Enteritis, Catarrh

Second, (Immediate,) Marasmus

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, June 6, 1883

Undertaker, Henry Heath

Place of Business, 27 Hanover St

S. Woolsey M. D.,
Medical Attendant.

Address, 6 Abbott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman C. Knobloch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 73 N. Vermont Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7th 1882

A. T. Bell *M. D.*
Medical Attendant.

Undertaker, H. Sangler & Son

Place of Business, 252 Canton Ave. *Address* 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 7 1882 BALTIMORE

4 57222

CERTIFICATE OF DEATH.

Date of Death, June 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Sunleider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8. *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 144 Pierce

Cause of death, First, (Primary,) Consumption & Spinal Necrosis

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, June 6th 1882

Undertaker, Hess & Cook

Place of Business, No 707 W Baltimore Street

Louis C. Kerr M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

\# 57223

CERTIFICATE OF DEATH.

Date of Death, Monday June 8th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Norris Walter

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md Co. all his life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 10 Montrose Street

Cause of death, First, (Primary.) .....

Second, (Immediate.) Acute Congestion of Lung

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, June 7th 1892

Undertaker, Jos B Leach

Place of Business, No 707 W Baltimore street

Address, 561 W Lanvale St

D Dennett Norris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Minnie O. Dixney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, {Give street and number.} No 403 N. Bond St

Cause of Death, {First (Primary,) Pneumonia} {Second (Immediate,) Tubercular Phthisis

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing *J. Whitefield* *M. D.*

Medical Attendant.

Date of Burial, June 7th

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address* 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *personally or sent* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57225

CERTIFICATE OF DEATH.

Date of Death, June 6th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Schultz

~~*Sex.*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, Liquor - Dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and Number. } 48 S. Patterson Park Ave

Cause of Death, First, (Primary,) He died with, Tetanus in consequence of a fracture of the skull.
Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, June 8th 1892

Undertaker, J. C. Schuh

Place of Business, 265 Aliceanna St *Address,* 265 Aliceanna St

F. Stahler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57226 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#57226

CERTIFICATE OF DEATH.

Date of Death, the 3th of June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Henry Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 10 Winter Ally

Cause of Death, First, (Primary.) the mother heart trouble
Second, (Immediate.) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Com

Date of Burial, June the 6th

Undertaker, Wm H. Perkins

Place of Business,

Geo. N. Dowd M.D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57227

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Stokes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Steward

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md since boy hood

Duration of Residence in the City of Baltimore, 13 St Caroline

Place of Death, {Give street and number.}

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Ataxic

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1882

Undertaker, Alf Hemsley

Place of Business 116 orchard st *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57228

Office of Registrar of Vital Statistics.

JUN 6 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57228 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, June 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Cardice

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* ~~——~~ *Months,* 30 *Days.*

Color, Bright

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ~~——~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Gastritis / Second, (Immediate.) ~~57 St Paul~~ 3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 6

Undertaker, Jn Coleman

Place of Business, City Hall

Thos. J Ward M.D.,
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1892 BALTIMORE

57229

CERTIFICATE OF DEATH.

Date of Death, June 6th 3 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 1 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Milliner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 161 W Lombard St Nat Hos.

Cause of Death, First, (Primary.) Puerperal Septicaemia & Peritonitis

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Balt County Md.

Date of Burial, June 8th 1892

McIntosh & Bowers M.D.

Medical Attendant.

Undertaker, John A. McCoy & Co

Place of Business, 422 W Fayette St *Address,* 161 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A 57230

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1883 BALTIMORE

Date of Death, A Jan 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 81 Ledenhall st

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 82

Undertaker, Geo H Perkins

Place of Business, 130 Henrietta *Address,* 146 Hanover st

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

ent, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

#5723/ CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

Date of Death, June 6th-82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah L. Ford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown — Fonnedley

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and Number.} 180 Hughes St

Cause of Death, First, (Primary.) Imp Nipper Food

Second, (Immediate.) Inanition & Gastro-Enteritis

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 82

Undertaker, Geo H Perkins

Place of Business, 130 Henrietta

Dr. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 92 BALTIMORE

#57232

Date of Death, June 5th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Thomas

~~Sex, Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years.

Place of Death, {Give street and Number.} Tenement house on Courtland St

Cause of Death, First, (Primary,) Child Birth.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial Dallas St Cemetery

Date of Burial, June 7th 1882

Undertaker Thos J Locke

Place of Business, #173 Jefferson St

J. Fraser Thomas M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby Spears

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two — *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Tyson St -

Cause of Death, {First (Primary.) Premature Birth / Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1882

Undertaker, Chas T. Sumwalt

Place of Business, 271 N Eutaw St

Wm R Lockwood M. D.
Medical Attendant.

Address Darlington Harford Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

+ 57234

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1882 BALTIMORE

Date of Death, 5th June 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Drbering.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty Seven (67) *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oldenburg in Oldenburg. Germany.

Duration of Residence in the City of Baltimore, Forty Six. (46.) years.

Place of Death, {Give street and Number.} 288. N Eutaw St. Baltimore

Cause of Death, First, (Primary,) Jaundice from Obstruction of Ductus Com. Col.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about three months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, June 8th 1882

Undertaker, Chas J Sennin

Place of Business, 271 N Eutaw

H C Van Bibber M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1882 BALTIMORE

57235

CERTIFICATE OF DEATH.

Date of Death, June 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Sonner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* 5 *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and Number. } N. 11 Bartlett st.

Cause of Death, First, (Primary,) Phthisis pulmonalis 2nd old age

Second, (Immediate,) Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8. 1882

Undertaker, Philipp S. Dill

Place of Business, 183. Columbia Ave.

C. L. Buddenbohn M. D., Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 1882 BALTIMORE

57236

CERTIFICATE OF DEATH.

Date of Death, June 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years.* *Months.* *Days.*

Color. Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester Va

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} 118 S. Bethel st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Measles with chest Complications

Duration of Last Sickness, Twelve days (Case neglected until yesterday evening).

All the above information should be furnished by the Physician.

Place of Burial, Dallis St Cemetery

Date of Burial, June 8th 1882

Undertaker, John Locke

Place of Business, Wolfe st

A. V. Gosnell, M. D.,
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57237 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

57237

CERTIFICATE OF DEATH.

Date of Death, June 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Whitelow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland (Calvert Co)

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 236 Pine St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7 1882

Undertaker, William N Dunger

Place of Business, No 62 East St

L. L. C Sitting M.D.,
Medical Attendant.

Address, 467 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57238 CERTIFICATE OF DEATH.

Date of Death, June 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter O'Dea

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Idl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 6 Buren st

Cause of Death, First, (Primary,) Gastritis (from Swallowing Potash in form of Concentrated Lye

Second, (Immediate,) asthenia

Duration of Last Sickness, 78 hrs

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, June 8th

Undertaker, Wm Timmis & Co

Place of Business, 13 Penna Ave *Address,*

D Steel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57239

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE

Date of Death, June 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kunkle

Sex, Male or Female, {Cross out the word not requred in this line.}

Age, 6 *Years,* — *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not requred in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 16 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 7th 1882

Undertaker, C. F. Krause.

Place of Business,

H Broome Gatch M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57240

CERTIFICATE OF DEATH.

Date of Death, June 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berendina Meyer

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 70 *Years,* 2 *Months,* 28 *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. } Widow

~~*Occupation*~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and Number. } No 264 E. Lemon st

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, June 8th 82

Undertaker, C. Trance

Place of Business, Bank & Wolf *Address,* 21 Lacrem Place

Thomas J. Emerson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. [illegible] *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

5724

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ June 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Beibeheimer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 59 *Years,* *Months,* 1.8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 175 Penna. Ave.

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Cerebral Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 8th 82

Undertaker, G. Franc

Place of Business, Bantz & Wolf *Address,* 431 Penna. Ave

J. Sheridan *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57242

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
1882
BALTIMORE

Date of Death, June 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felicita Dorn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 44 S. Dunkan St.

Cause of Death, First, (Primary,) Zymotic Diseases

Second, (Immediate,) Meningitis

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 7th 82

Undertaker, G. France

Place of Business, Bank & Wolfe *Address,* Balt. & Thas. Sts.

G. Glanville Kusk M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 15 5724 3

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland County

Duration of Residence in the City of Baltimore, 8 Years,

Place of Death, {Give street and number.} 65 Church St.

Cause of Death, First, (Primary.) Cancer of Omentum,

Second, (Immediate.) Exhaustion (P. Mortem)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnel Cemetery

Date of Burial, June 7

Undertaker, Geo W. Perkins

Place of Business, 30 Henrietta St. *Address,* 133 N. Paca

F. Eichhorn M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57244 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June, 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Henry Hartman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 Hours *~~Days,~~*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 1 Trinity

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorsey Cemetary

Date of Burial, June 8th

Undertaker, Peter Fry

Place of Business, 91 Eastern Ave

A. Hergdhertzer M. D.,
Medical Attendant.

Address, 11 L Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

9

Board of Health, City of Baltimore,

Permit No. 57243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* Seven (7) *Months,* —— *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Hydrocephalous

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 7th

Undertaker, McColman.

Place of Business,

Thos J Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 572416 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Lt Sumner Nelson)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4. *Years,* *Months,* 11 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 110 Pierce

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1882

Undertaker, Wm Jones Grays

Place of Business, 65 Mulberry St

Louis E Horn *M. D.,*
Medical Attendant.

Address, Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57247 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, The 6th of June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Bonds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 3 Chesnut St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Teething

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June the 7th

Undertaker, Mr Dongens

Place of Business, East St

Geo. W. Benson M. D.,
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 7 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Jenkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Phil. Pa

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 167 St Paul St

Cause of Death First, (Primary,) old age

Second, (Immediate,) asthenia

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 9th June 1882

F. E. Chatard M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St *Address,* 1114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57249 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1892 BALTIMORE

Date of Death, June 7, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burns

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 53 S Fulton

Cause of Death, First, (Primary.) Premature birth

Second, (Immediate.)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Balto Co

Date of Burial, June 8th

(~~Undertaker.~~ W Burns

(Place of Business,

James Feeley M. D.,
Medical Attendant.

Address, 31 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57250 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 98 S. Peter St

Cause of Death, First, (Primary,) Non closure of Foramen Ovale

Second, (Immediate.) Cyanosis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 9 1882

Undertaker, Philipp J. Dies

Place of Business, 183 Columbia Av

Jno D. Blake M.D.,
Medical Attendant.

Address. 168 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57251

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred H Cooke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ???

Occupation, ???

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 240 E Lombard

Cause of Death, First, (Primary,) Pulmonary Congestion

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, June 8th 82

Undertaker, John Lutz

Place of Business, 166 E Balto St

Jno E Donnelly M. D.,

Medical Attendant.

Address, 99 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The System ... Certificate.

Board of Health, City of Baltimore,

Permit No. 57252 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 3 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 88 Moores alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shart St

Date of Burial, June 8th

Undertaker, Alex Hendley

Place of Business,

Geo. W. Benson M. D.,
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 4 Printed on Reverse of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57253 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary T. J. Brenner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~Variola~~ 1524 S. Chapel St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 8th 1882

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 68 & Broadway

Alex F. Shaw M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57254 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberta Bevins

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* *Days,*

Color, C

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Boston Mass

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, { Give street and Number. } 177 S. Dallis st

Cause of Death, First, (Primary.) Worms

Second, (Immediate.) Helminthiasis

Duration of Last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E Baltimore Pratt Cem

Date of Burial, June 8th 1882

Undertaker, M Coleman

Place of Business,

Geo. W. Benson, M. D.,

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3

Board of Health, City of Baltimore,

Permit No. 57255

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosie E. Lane

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 6 Mos *Years,* 11 Days *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 22 S. Washington St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 9th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Geo. H. Bateman M.D.,
Medical Attendant.

Address, 1 Millmount Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attendant of Physician ... Co.

Board of Health, City of Baltimore,

Permit No. 57256 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BOARD OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert W. Hartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 S Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, June 8th 1892

Undertaker, W. Deppel

Place of Business,

Geo. W. Benson M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5725 7 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 / 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Jones

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 44 *Years,* 7 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Huckster

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number. } 27 N Eden st

Cause of death, First, (Primary,) Cancer Diffused

Second, (Immediate,)

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Camp chapel Balto Co.

Date of Burial, June 9th, 1882.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. J. Feeney M. D.,
Medical Attendant.

Address, 76 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-7235-8 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Fassbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Paper Hanger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 168 N. Eden

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Anhemia

Duration of Last Sickness, 14 days —

All the above information should be furnished by the Physician.

Place of Burial Baltimore cemetery

Date of Burial, June 9th, 1882.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

D. Shutt M. D.,
Medical Attendant.

Address, 1402 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 57259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JUN 8
1882
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Rodney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} K & 2 Co Md

Duration of Residence in the City of Baltimore, 4 Mo.

Place of Death, {Give street and number.} 161 W Lawrence st

Cause of Death, First, (Primary.) Puerperal Mania

Second, (Immediate.) Inanition

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, E. B. Pub Cemetery

Date of Burial, June 8th 1882

Undertaker, Mc Clennen

Place of Business,

McIntosh & Bowers *M.D.,*

Medical Attendant.

Address, 161 W. Lawrence.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

Permit No. 57260

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Smith

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* 1 *Months,* 4 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 296 Harford Ave

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 9 1882

Undertaker, John Kerney

Place of Business, 382 Orleans St

M. B Billingslea M.D.,
Medical Attendant.

Address, 256 E John

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15~

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 57261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Drum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} — *Days.*

Age, 50 *Years,* — *Months,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15- Years 6 M-

Place of Death, {Give street and number.} Fairfield

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 7th 1882

Undertaker, C F Krause

Place of Business,

P M Gravon M.D.,

Medical Attendant.

Address, 90 Hanover St—

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57262 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedona Yaeger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 McClubbin St.

Cause of death, First, (Primary,) Malnutrition

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Cem'ty.

Date of Burial, June 8th 1882

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

J. H. Leollenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 57263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. F. Melvin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ga.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number.} 148 Raborg St.

Cause of Death. First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th

Undertaker, Charles A White

Place of Business, 35 Granby St

J. G. McKelvie M.D.,

Medical Attendant.

Address, Fayette & Caton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57264 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Henry Beth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 19 *Years,* — 7 *Months,* — *Days,*

Color, Colour

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clothing Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} S E Cor Monument & Canal Street

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) — — — —

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial. June 9th 1887

Undertaker, H. Schultheis

Place of Business, E Monument St

J. W. Glover M. D., Medical Attendant.

Address, S E Cor Monument & Canal Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 57265 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Emma Bowers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 0 *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 439 N. Carey St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Bronchitis

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Severn Station, B & P. R.R.

Date of Burial, June 9' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 126 Mulberry St

H. Jordan, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 57266

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Henson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Reb

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Kent Island

Duration of Residence in the City of Baltimore, several yrs

Place of Death, {Give street and number.} 101 Orchard St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, June 8th.

Undertaker, William H. Bishop

Place of Business, 97 Druid Hill Ave.

Herbert Harlan M.D.,
Medical Attendant.

Address, Balto. Gen. Disp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37267 *Office of Registrar of Vital Statistics.* Ward 3-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 8 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brascup

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Baltimore. 205 N Bond St

Cause of death, First, (Primary,) Rheumatic Carditis

Second, (Immediate,) Inflation Liver & Stomach Exhaustion Congestive Chill

Duration of Last Sickness, for year 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 9th

Undertaker, George Schilling

Place of Business,

J. R. Duncan M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ns Special Attention of Physicians is respectfully invited to the Remarks ... ...ificate.

Board of Health, City of Baltimore,

Permit No. 57268 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE ~~OF~~ DEATH.

Date of Death, June 5th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Klee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } Rear 2 E. Lo Bethel

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Lo Druth St. Cathedral

Date of Burial, 9th inst

Undertaker, Henry Baire

Place of Business, 1 Hughes Street 81/2 Address.

D. L. Blinn M. D.,
Medical Attendant.

Lo. Bradley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 57269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 9 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Dehn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty-nine *Years,* Five *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Paper-hanger

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Washington Rd.

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate.) Pneumonia; Apnoea

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 8th 1882

Undertaker, C. F. Krause.

Place of Business,

D E Lancey H Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882 1 + 15 min P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizb. Keerle nee Jones only child of Wm Ellis Jones & Melinda Jeannette Jones nee Sparks his wife.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 38 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Wife of Nathaniel Garland Keerle Sr

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Michaels Talbot Co. Md.

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} No. 74 N. Paca St. Baltimore.

Cause of Death, First (Primary,) Pleurisy.

Second (Immediate,) Asthenia.

Duration of Last Sickness, Three 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery N. G. Keerle M. D.

Date of Burial, June 10th 1882 Medical Attendant.

Undertaker, Thos S Hughes *Address* #74 N. Paca St.

Place of Business, 161 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5-72771 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 9 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Owings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* — *Months,* — *Days,*

Color, W

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2 5

Place of Death, { Give street and Number. } 178 Monument St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Nervous Prostration

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. and Rec'd Ellis M. D.,

Date of Burial, June 11th Medical Attendant.

Undertaker, F. N. Droll

Place of Business, 121 Aisquith St *Address,* 343 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within 24 eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57272 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 7 1882

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State of Delaware

Duration of Residence in the City of Baltimore, Since 1860

Place of Death, {Give street and number.} 22 Patterson alley

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Convulsions

Duration of Last Sickness, Eight years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 9 1882

Undertaker, William Lange

Place of Business, No 62 East Street

J. D. Jordan M. D.,
Medical Attendant.

Address, 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57273 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H. Amey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 mo

Place of Death, {Give street and number.} 127 Hart av

Cause of death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 10

Undertaker, B. Hartz

Place of Business, 82 West St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules of Burials.

Board of Health, City of Baltimore,

Permit No. 57274 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chestertown Kent Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 417 Santee St

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,) & Scarlatina

Duration of Last Sickness, 8 Days

All the above information to be obtained by the Physician.

Place of Burial, Western Cem

Date of Burial, June 10th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 146 Hanover St

Thos. Leslie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57276 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9/92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Cummins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 3 Weeks ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 N. Gilmor St.

Cause of death, First, (Primary,)

Second, (Immediate,) Spasm

Duration of Last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 9: 1892

Undertaker, J B. Cook

Place of Business, 707 W. Balto St

D. L. Flinn M. D.,

Medical Attendant.

Address, 587 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Guyer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* 2 *Months,* 23 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States. if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 178 Pierce St

Cause of Death, {First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, June 9 1882

J. W. C. Cuddy, M. D.
Medical Attendant.

Undertaker, Wm Kennard

Place of Business, 317 Mulberry *Address,* 187 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

12 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat. Mackentire

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 36 Poulton St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Anthraemia

Duration of last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 9th 1882

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

D Morris Dunn M. D.
Medical Attendant.

Address, 108 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57275 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th, 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Erla G. Leylath

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 16 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 18 N. Stricker St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritic Laryngitis.

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 9th 1892

Undertaker, Denny & Mitchell

Place of Business, 55 & 57 Fayette St. *Address,* 95 Park Ave

George H. Rohe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the accompanying [illegible]

Board of Health, City of Baltimore,

Permit No. 57299 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester L. Smothers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Credit Court

Cause of Death, First, (Primary,) it did not require regular time

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness. 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 9th

Undertaker, J Davis

Place of Business,

Geo. N. Benson M. D.,
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th June 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Grey

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 5 Vincent Alley near Edmondson

Cause of Death {First, (Primary,) Inflammation of Bowels
Second, (Immediate,) ...

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W Balto Cath Cemy

Date of Burial, June 9th 1882

Undertaker, F A Reichner

Place of Business, ...

F. T. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special ... Certificate.

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Board of Health, City of Baltimore,

Permit No. 57981

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Billingslea Secombe

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 254 Harford Ave

Cause of Death, { First, (Primary.) Premature Birth / Second, (Immediate.) convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 9th 1882

Undertaker, Jas P Byrne

Place of Business, 63 Fronklt

Wm. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...al Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57282 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F Rayder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, ~~6d~~ Since birth

Place of Death, {Give street and Number.} 60 & York Rd

Cause of Death, First, (Primary,) Dr to fulm

Second, (Immediate,) Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 9th 1880

Undertaker, Smith & Lemmon

Place of Business, 263 Light St *Address,* 146 Hanover St

Thomas Cole M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...Certificate.

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Board of Health, City of Baltimore,

Permit No. 57283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June. 8. 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Hooetta~~ Henrietta Taylor,

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 33. *Years.* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Washerwoman,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland,

Duration of Residence in the City of Baltimore, 30 years,

Place of Death, { Give street and number. } 57 Lewis St.

Cause of Death, First, (Primary.) Bright's disease,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, One Year,

All the above information should be furnished by the Physician.

Place of Burial, To buy Evergreen Cem.

Date of Burial, June. 9. 1882.

Undertaker, Wm Madden

Place of Business, 76 East 8th

F. W. Chambers M.D.,
Medical Attendant.

Address, 130. N Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 672 84

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4th day of June 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Sims

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 46 *Years,* *Months,* *Days.*

Color, Coloured Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Porter in Grocery

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West River Annarundal Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } Calhoun Court No 5

Cause of Death, { First, (Primary.) Tuberculosis on Bowels
{ Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1884

Undertaker, Wm H Shaw

Place of Business, 178 E Monument

J B Ward M. D., Medical Attendant.

Address, 28 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to Blank on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57185 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT JUN 9 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fany Mason

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, about 25 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia & Apnoea

Duration of Last Sickness, 8 Month

All the above Information should be furnished by the Physician.

Place of Burial St. Peters Cem.

Date of Burial, June 9th 1882

Undertaker, Wm. H. Reinhardt

Place of Business, 97 D. Hillen

Wm. H. Reinhardt M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...cial Attention of Physicians is respectfully invited to the Remarks Below and to Sec. 2 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57286 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ann Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 128 3 0 S. Chapel St.

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week (Mother last patient)

All the above information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, June 10

Undertaker, Theodore J. Lochy

Place of Business, 73 Jefferson st *Address,* 252 Eastern Ave

H. A. Crowder M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

cial Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last Clause on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57287 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 9th — 1882.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses —

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 8 *Days,*

Color, White —

~~*Married*~~, *Single*, ~~*Widowed*~~ or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) no parents walk —

Second, (Immediate.) marasmus —

Duration of Last Sickness, 14 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, June 9/82.

Undertaker, Pat. Hunt,

Place of Business, Infant Asylum

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Holliday & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Permit No. 57288

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clare

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 60 *Months,* *Days.*

Color, Woman S. Kin

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Pulmonary Tubercle

Second, (Immediate.)

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 9

Undertaker, W Coleman

Place of Business, City Hall

Thos. J Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 57289 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Not positively known

All the above information should be furnished by the Physician.

Place of Burial E. Balto. Cemetery

Date of Burial, June 9

Undertaker, Jno Coleman

Place of Business, Lafayette Hall

T. Bauer Thomas M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Attention of Physician is respectfully ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57290 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Laws

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* — *Months,* — *Days,*

Color, Col

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 152 York St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate.) 9 days

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, June 9 82

Undertaker, Jno. E. C. Kenchum

Place of Business, ~~No.~~ 50 S. Carroll [illegible] Ave

Geo. N. Bound M. D., Medical Attendant.

Address, Dr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children. [over.]

Geo. E. Brown (Inspector)

...r this Certificate.

...; Board of Health, City of Baltimore,

Permit No. 57271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis White

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 years *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va,

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 152 York st

Cause of Death, First, (Primary.) ...

Second, (Immediate,) Intermittant fever

Duration of last Sickness, Eight (8) days.

All the above information should be furnished by the Physician.

Place of Burial, W. D. Cemetery

Date of Burial, June 9 / 92

Undertaker, Fred'k A. Kuchman

Place of Business, 50 S. Carrollton Ave

Ellis Mickeam M. D.
Medical Attendant.

Address, 158 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57292 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUNE 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 26 Albemarle St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Several Mos

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, June 11th

Undertaker, Jo McGinnis & Co

Place of Business, 123 Bowman Front

A Hoyt Sharger M. D.,
Medical Attendant.

Address, 11 S Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Davies Mech

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* Newton *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 29 N McHenry

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Md

Date of Burial, June 11. 1882

Undertaker, A J Lechner

Place of Business, 658 Eutaw St

B. F. Shiles M. D.
Medical Attendant.

Address, 327 W Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

this Certificate.

Board of Health, City of Baltimore,

Permit No. 572941 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ... *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 138 Linden Av

Cause of Death, {~~First, Primary,~~ / ~~Second, Immediate,~~} Phthisis

Duration ~~of Last~~ Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem

Date of Burial, June 10th 1882

Undertaker, Chas J Scriven

Place of Business, 271 W Pratt St

Wm A Moale M. D.,
Medical Attendant.

Address, 152 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57295 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 9th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Lindeman

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 72 *Years,* ... *Months,* ... *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty-Three years.

Place of Death, {Give street and Number.} # 243 S. Bond St.

Cause of Death, First, (Primary,) Paralysis, accompanied

Second, (Immediate,) by Rheumatism.

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 11

Undertaker, Randall & Bryant

Place of Business, 1[illegible]

John H. Kehberger M. D.,
Medical Attendant.

Address. # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ecial Attention ... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57296 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1892

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Ralph Lee

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, 2 *Years,* — *Months,* — *Days.*

Color, C

Married, Single, ~~Widow~~ or ~~Widower~~, (Cross out the word not required in this line.) —

Occupation, Sailor

Birthplace, (State or country, and how long in the United States, if of foreign birth.) —

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) Sloop Potter off Locust Point

Cause of Death, First, (Primary.) accidentally Drowned overboard

Second, (Immediate.) by man's boat & Drowned

Sudden death

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, East Balto Cemetery

Date of Burial, June 7

Undertaker, [illegible]

Place of Business, City Hall

Chas M. Morfit M. D.,

Coroner 2d ~~Medical Attendant.~~

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Certificate.

Board of Health, City of Baltimore.

Permit No. 57297 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE.

Date of Death, June 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick M Kee

Sex. Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 78 Years

Place of Death, {Give street and number.} No 104 Asquith St

Cause of death, First, (Primary,) Old age

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 11th

Undertaker, Geo Schultz

Place of Business, *Address,*

Wm Wirthridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Clark

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 153 N. Paca St

Cause of Death { First, (Primary,) Sudden Syncope
, { Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 12th 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St *Address* 12 N. Monument

J. W. Wellington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57299 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7 1882

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) George Lewis

Sex, Male ~~or Female,~~ (Cross out the word not required in this line.)

Age, about 24 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ (Cross out the word not required in this line.)

Occupation, Sailor

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Virginia

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, (Give street and Number.) University Hospital

Cause of Death, First, (Primary,) Frost bitten Lower part

Second; (Immediate.) Gangrene of left foot above

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial West Public Cemetery

Date of Burial, June 9/82

Undertaker, Fred A Kortner

Place of Business, 50 Carrollton Ave *Address,* University Hospital

West M. D.,

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ial Att... ...hysicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

2d Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th (2)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Spruggs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* ... *Months,* ... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 5 little Calhoun St

Cause of Death {First, (Primary,) Cholera Morbus / Second, (Immediate,) Prostration

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, June 11

Undertaker, J. Schaumer

Place of Business, 341 Pennsa. Ave

G. H. Norris M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]